

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

TXD048924989

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

GENERAL



I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP PHELPS DODGE COPPER COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 SJOSTROM STEVE EE		915	778 9371

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 POST OFFICE BOX 20200		EL PASO		TX	79998

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 897 HAWKINS				EL PASO	TX	79998	

NOV 19 1980

DIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 3 (specify) COPPER										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
PHELPS DODGE COPPER PRODUCTS COMPANY										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify)										A 212 940 6400									
E. STREET OR P.O. BOX																			
P. O. BOX 20200																			
F. CITY OR TOWN										G. STATE H. ZIP CODE									
EL PASO										TEX 79998									
										IX. INDIAN LAND									
										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
E. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Copper Rod Rolling, High Purity Copper Casting,
Wire Drawing.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Steve Sjostrom EE										Steve Sjostrom										Nov 17, 80									

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER									
			FTXDO4892498931									

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	801119	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)			2. NEW FACILITY (Complete item below.)		
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
YR. MO. DAY 8 6 8 11 03 73 74 75 76 77 78			YR. MO. DAY 73 74 75 76 77 78		
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)			FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN		
B. REVISED APPLICATION (place an "X" below and complete Item I above)			2. FACILITY HAS A RCRA PERMIT		
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

B C DUP									
13 14 15									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 4	599192.000	G		7				
		2,968.00							
2	D 8 3	898687.000	G		8				
		4,444.00							
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	A 0 0 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	200	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W	T	X	D	0	4	8	9	2	4	9	8	9	T/A	C	W	DUP						T/A	C	DUP		
1	2												13	14	15	16	17	18	19	20	21	22	23	24	25	26

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO. 1-26	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
20-22 1	D 0 0 2	3929.000	T	S 0 4 D 8 3	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

F	T	X	D	0	4	8	9	2	4	9	8	9	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG: 155

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FG: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	1	4	6	0	0	0
65	66	67	68	69	70	71

1	0	6	2	3	3	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E ~~PHILLIPS DODGE INDUSTRIES, INC.~~

2	9	4	0	6	4	0	0
55	56	57	58	59	60	61	62

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F ~~300 PARK AVENUE~~G ~~NEW YORK~~

NY

1	0	0	2	2
40	41	42	43	44

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

A. F. VAN RANST



11/19/80

X. OPERATOR CERTIFICATION

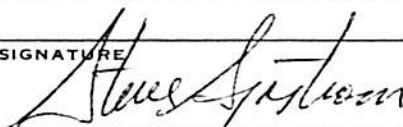
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

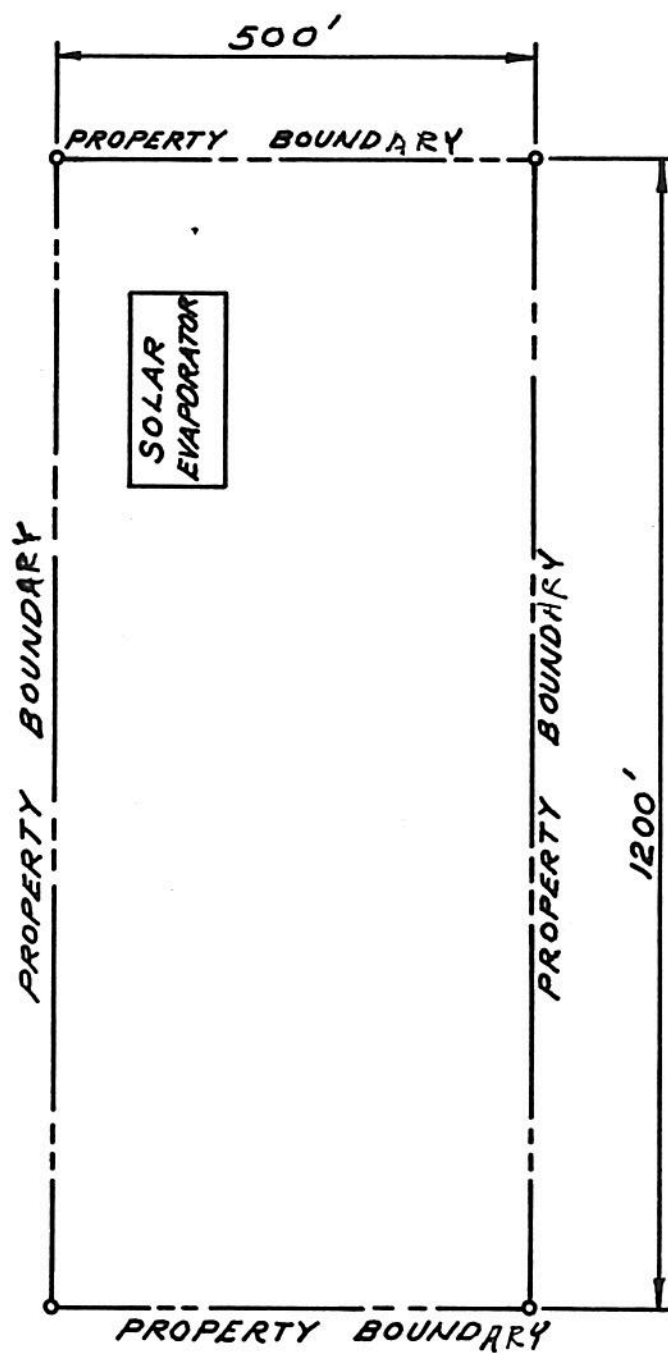
C. DATE SIGNED

Steve Spostrom EE

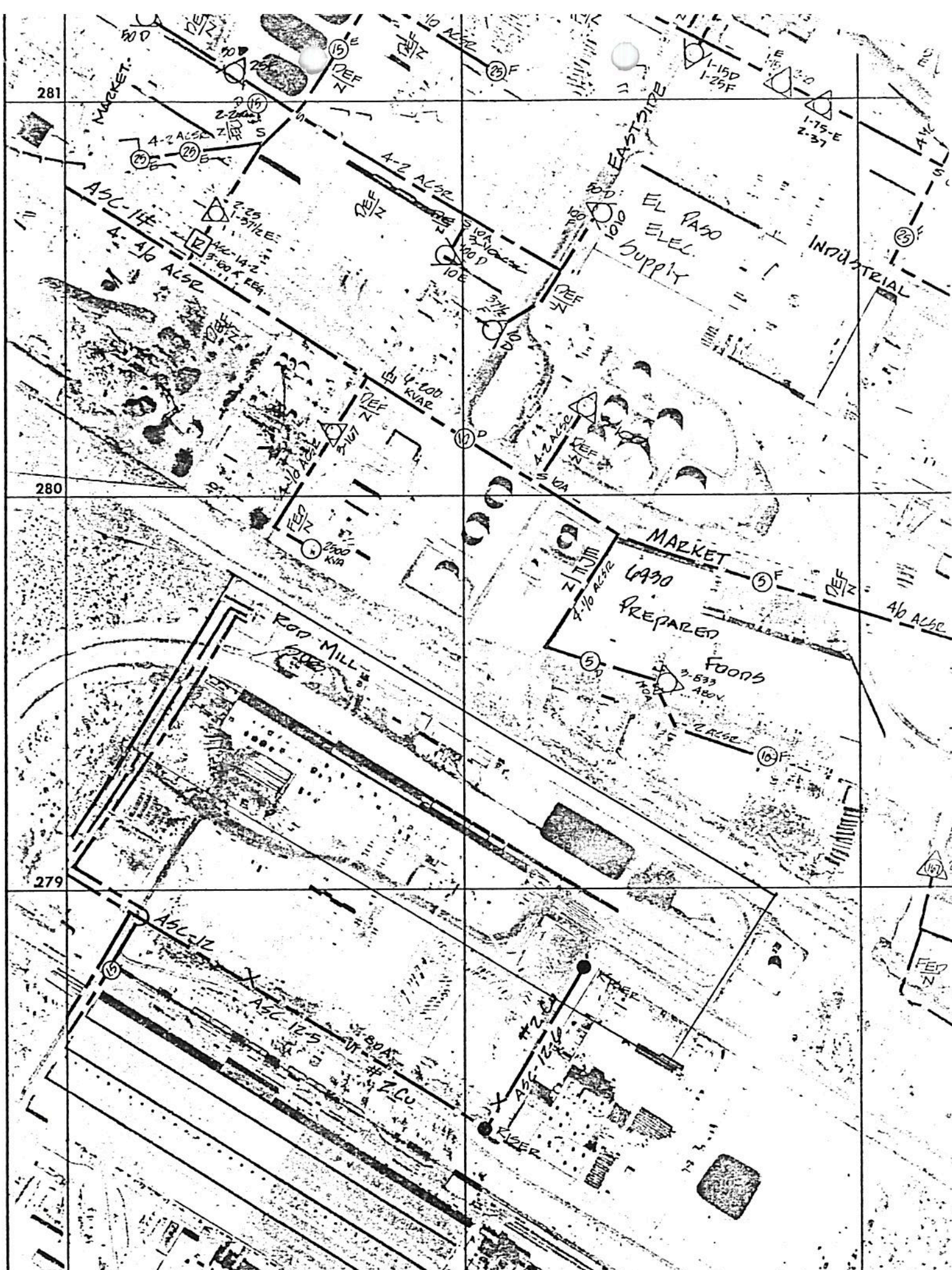


Nov 17, 1980

V. FACILITY DRAWING (see page 4)



SCALE: 1" = 200'



Part A, Permit Process --- Internal Checklist

ID Number TXD048924989 Inst Name Phelps Dodge Copper Co.

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MM</u>	___	
3	Form 1 received?	<u>MM</u>	___	
1	Form 3 received?	<u>MM</u>	___	
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>	___	
3	Date of operation entered?	<u>MM</u>	___	
3	Date of operation on or before November 19, 1980?	<u>MM</u>	___	
Notif. record	Notifier?	<u>MM</u>	___	
"	Notified on or before August 18, 1980?	<u>MM</u>	___	
1	Form 1, XIII B signed?	<u>MM</u>	___	
3	Form 3, IX B Signed?	<u>MM</u>	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	<u>GT</u>
3	New facility?	___	<u>GT</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info <u>?</u> ; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
-------	--

Log out/Log in
on reverse side.

Received Date Stamp <u>80/11/19</u> (Stamp forms also)
--

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
A 014	Key Punch	6-10-81
A023	KP	7-13-81
TXD 04 892 4989 Phelps Dodge	P. Sadowski	8-24-84

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD
5023-101

GPO 43-16-80970-1 356-299

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <small>(Read the "General Instructions" before starting.)</small>		I. EPA I.D. NUMBER																																																					
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		F T X D 0 4 8 9 2 4 9 8 9 3 D																																																					
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NOV 19 1980

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	3	3	(specify) COPPER							C	7	(specify)								
15	16	17	18								15	16	17	18							
C. THIRD										D. FOURTH											
C	7	(specify)									C	7	(specify)								
15	16	17	18								15	16	17	18							

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	PHELPS DODGE COPPER PRODUCTS COMPANY																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									
15	16																																						
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)																				P (specify)																			
P																				212 940 6400																			
56																				15 16 17 18 19 20 21 22 23 24 25																			
E. STREET OR P.O. BOX																																							
P. O. BOX 20200																																							
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
BEL PASO																				TEX					79998					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55																				40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	9	N													C	9	P														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	9	U													C	9	(specify)														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	9	R													C	9	(specify)														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Copper Rod Rolling, High Purity Copper Casting,
Wire Drawing.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
STEVE SJOSTROM EE															Steve Sjostrom															Nov 17, 80									

COMMENTS FOR OFFICIAL USE ONLY

C																														
C																														
15	16																													



S												T/A	C	
F	T	X	D	O	4	8	9	2	4	9	8	9	3	1

COMMENTS

YR.		MO.		DAY	
73	74	75	76	77	78

☐ 2. FACILITY HAS A RCRA PERMIT

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 3 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	100	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
S W T X D 0 4 8 9 2 4 9 8 9 3 1 1 2 13 14 15															S W DUP 1 2 13 14 15 23 - 26									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
20-22	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29
1	D 0 0 2	3929.000	T	S 0 4	D 8 3																			
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	T	X	D	0	4	8	9	2	4	9	8	9	T/A	C
F													3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 155

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	1	4	6	0	0	0
65	66	67	68	69	70	71

1	0	6	2	3	0	3	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

PHELPS DODGE INDUSTRIES, INC.

212 940 6400

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

300 PARK AVENUE

NEW YORK

NY

10022

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

A. F. VAN RANST

B. SIGNATURE

A F Van Ranst

C. DATE SIGNED

11/19/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

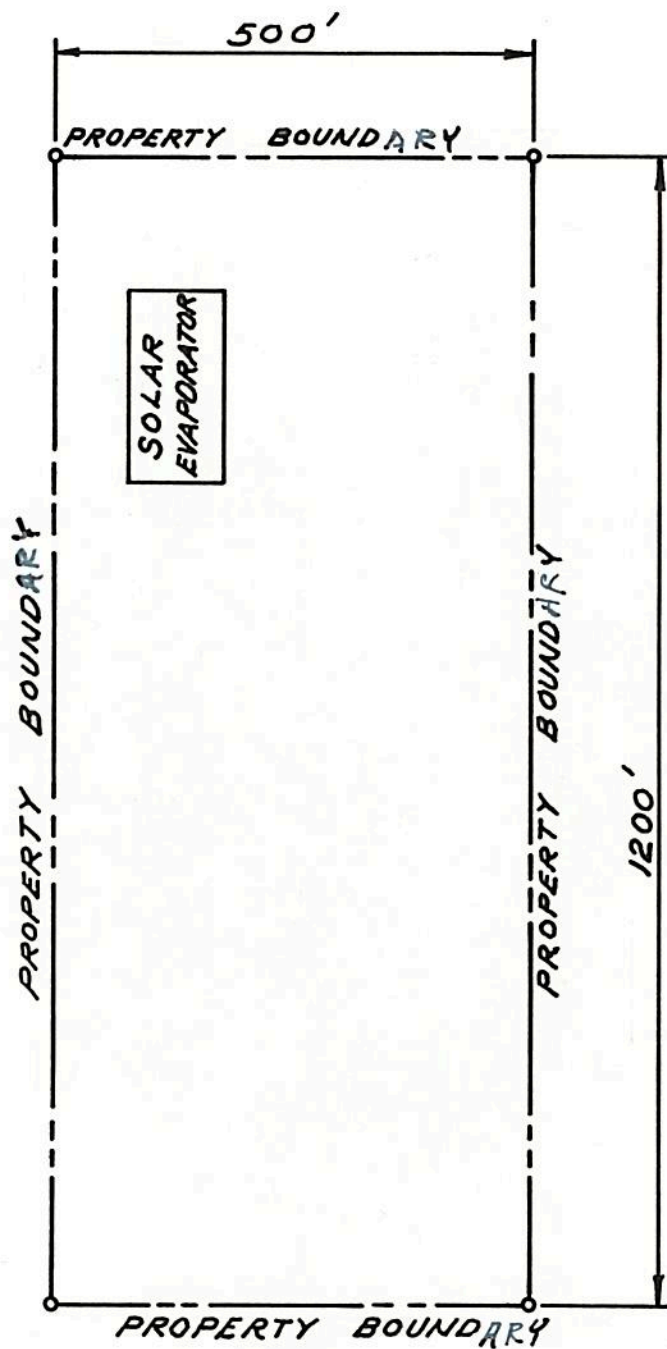
C. DATE SIGNED

Steve Sjostrom EE

Steve Sjostrom

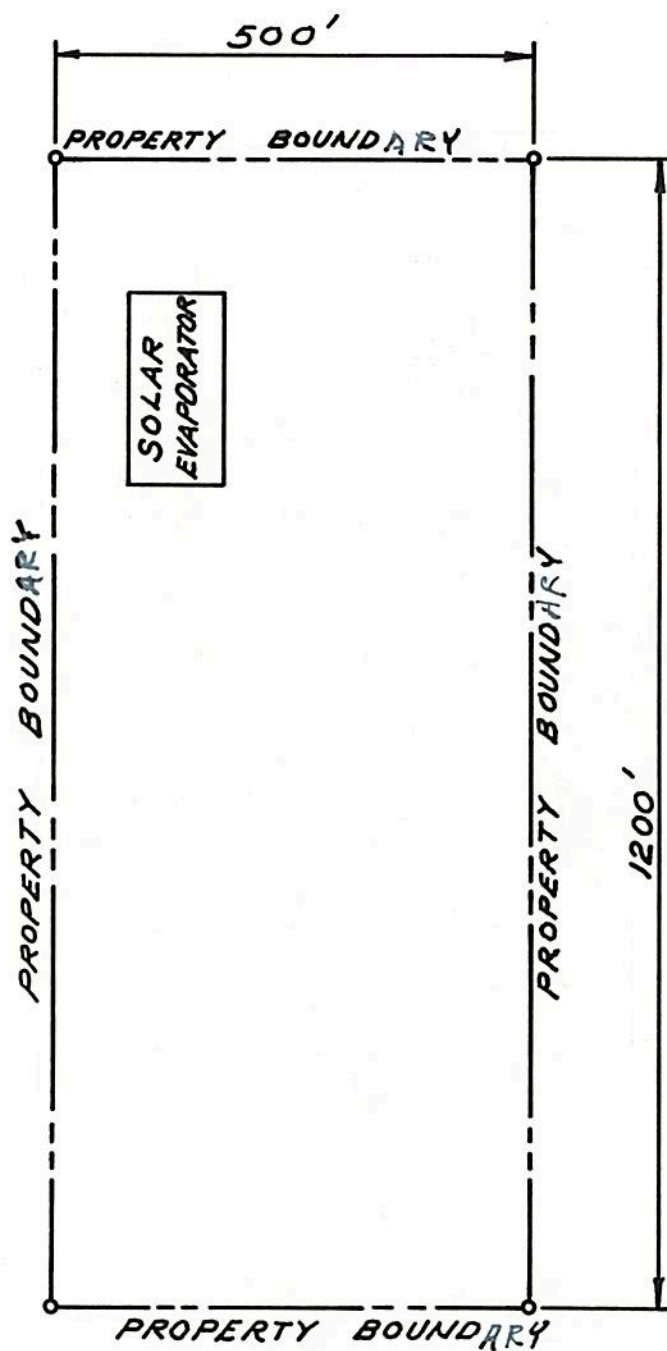
Nov 17, 1980

V. FACILITY DRAWING (see page 4)

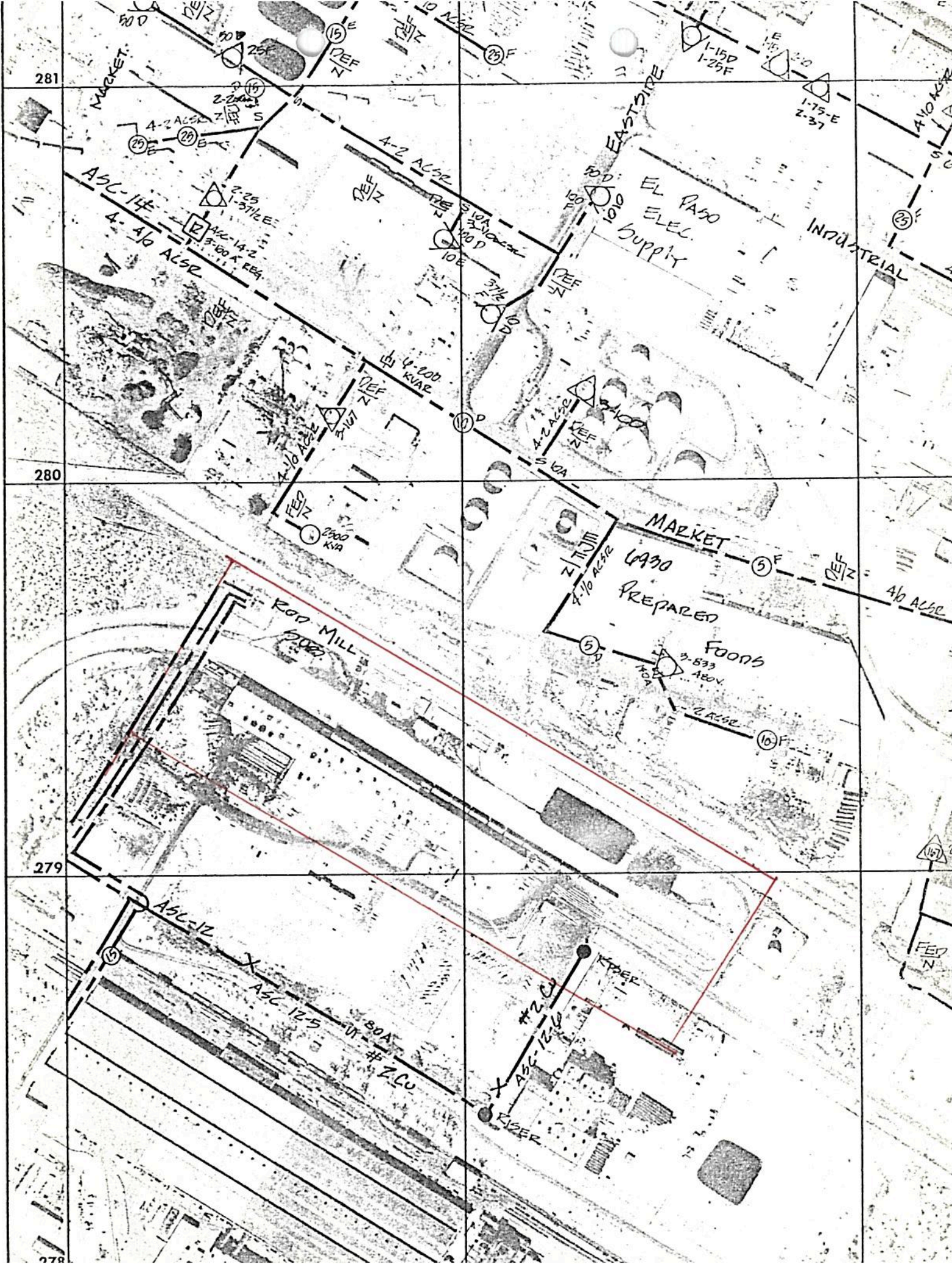


SCALE: 1" = 200'

V. FACILITY DRAWING (see page 4)



SCALE: 1" = 200'



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> TXD048924989 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 5px;"> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION </div>		PLEASE PLACE LABEL IN THIS SPACE	
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.													
SPECIFIC QUESTIONS				MARK "X" YES NO FORM ATTACHED			SPECIFIC QUESTIONS				MARK "X" YES NO FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY											
1	SKIP	PHELPS DODGE COPPER COMPANY									

IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)								B. PHONE (area code & no.)			
2	SJOSTROM STEVE EE							915	778	937	1

V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
3	POST OFFICE BOX 20200										
B. CITY OR TOWN								C. STATE		D. ZIP CODE	
4	EL PASO							TX	799	98	

VI. FACILITY LOCATION															
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER															
5	897 HAWKINS														
B. COUNTY NAME								C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
	EL PASO									TX	799	98			
6	EL PASO														

NOV 19 1990





FORM 5
RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FTXDO48924989

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	25

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	6	8

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	74	75

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

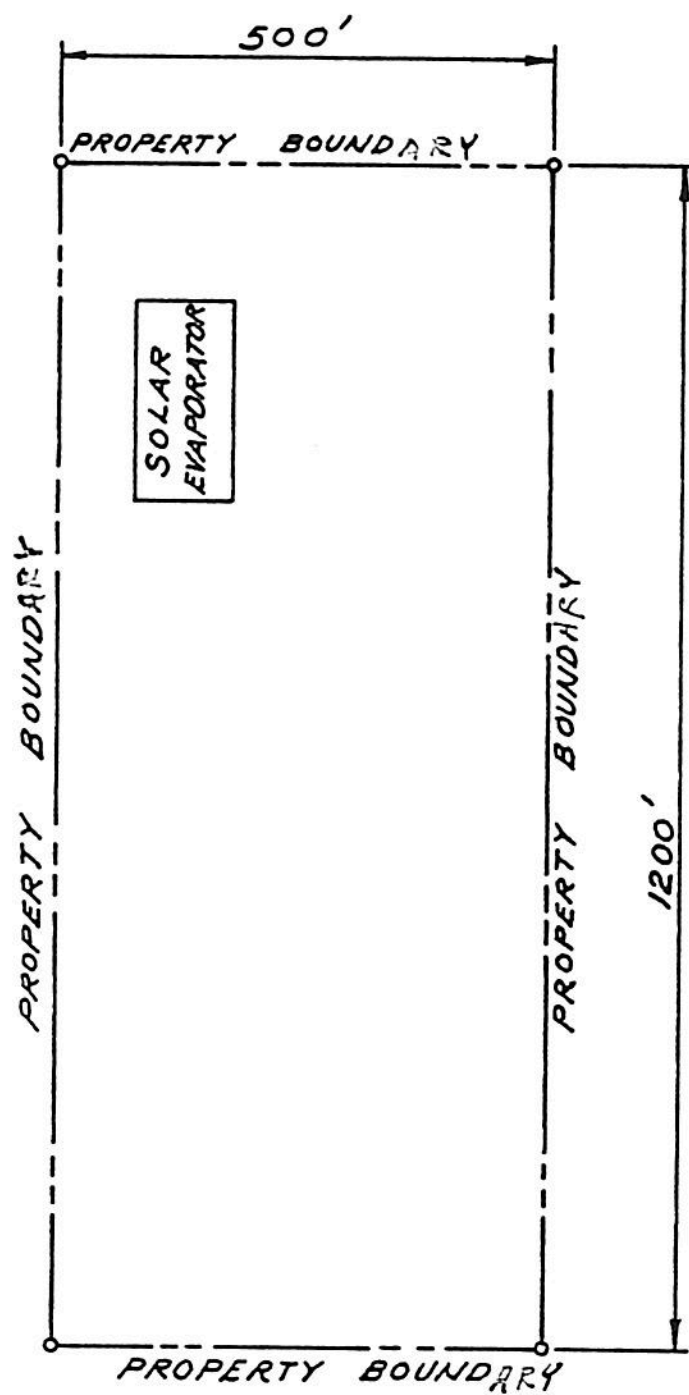
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)			1. AMOUNT	2. UNIT OF MEAS- URE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 4	2,963.00	Y	7			
2	D 8 3	4,444.00	Y	8			
3				9			
4				10			



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
W	T	X	D	0	4	8	9	2	4	9	8	9														
													DUP													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
W N O J Z	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES															
	27	28	29	30	31	32	33	34	35	36	1. PROCESS CODES (enter)															
1	D	0	0	2	3929				T		S	0	4	D	8	3										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
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23																										
24																										
25																										
26																										

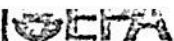


V. FACILITY DRAWING (see page 4)



SCALE: 1" = 200'





NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

INSTALLATION'S EPA I.D. NUMBER 2

APPROVED

DATE RECEIVED

(yr., mo., & day)

F T X D O 4 8 9 2 4 9 8 9 3 1

8 0 0 7 2 9

000018

I. NAME OF INSTALLATION

P H E L P S D O D G E C O P P E R P R O D U C T S C O

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 2 0 2 0 0

CITY OR TOWN

4 E L P A S O

ST.

ZIP CODE

T X

7 9 9 9 8

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 8 9 7 H A W K I N S

CITY OR TOWN

6 E L P A S O

ST.

ZIP CODE

T X

7 7 9 1 5

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 S J O S T R O M S T E V E E E

PHONE NO. (area code & no.)

9 1 5 - 7 7 8 - 9 3 7 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 P H E L P S D O D G E I N D U S T R I E S I N C

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
7	8	9	10	11	12
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
19	20	21	22	23	24
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
25	26	27	28	29	30
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Manuel D. Fernandes</i>	NAME & OFFICIAL TITLE (type or print) Manuel D. Fernandes Plant Manager	DATE SIGNED 7/23/80
---	--	------------------------

TEXAS DEPARTMENT OF WATER RESOURCES

PERMIT APPLICATION
FOR

INDUSTRIAL SOLID WASTE STORAGE/PROCESSING/DISPOSAL

PART A - FACILITY BACKGROUND INFORMATION

APPL. NO.	10690
COUNTY-DIST.	El Paso -10
DATE RECEIVED	
ADM. REVIEW BY	JRB
DATE REVIEWED	
FACILITY	(CHECK)
COPIES SENT:	Dist -10

I. GENERAL INFORMATION

ACTIVE C# 032307

03409

A. Applicant: Phelps Dodge Copper Products *Div. of Phelps Dodge Industries, Inc.*
(Individual, Corporation, or Other Legal Entity Name)

Address: Post Office Box 20200

City: El Paso State: Texas Zip Code: 79998

Telephone Number: (915) 778-9371

B. Authorized Agents

- List those persons or firms authorized to act for the applicant during the processing of the permit application. Also indicate the capacity in which each person may represent the applicant (engineering, legal, etc.). The person listed first will be the primary recipient of correspondence regarding this application. Include the complete mailing addresses and phone numbers.

M. D. Fernandes, Plant Manager
N. R. Smith, Chief Engineer
S. A. Sjostrom, Engineering

- List the individual and his/her mailing address that will be responsible for causing any necessary public notices to be published in the newspaper.

Name: Steve A. Sjostrom

Address: Post Office Box 20200

City: El Paso State: Texas Zip Code: 79998

Telephone Number (915) 778-9371

RECEIVED

AUG 17 1980

PERMIT CONTROL
WDWR

3. List the applicant's authorized agent for service.

Name: M. D. Fernandes
Address: Post Office Box 20200
City: El Paso State: Texas Zip Code: 79998
Telephone Number: (915) 778-9371

C. Operator: Identify the entity who will conduct facility operations.
If same as applicant, state "same as applicant."

Name: "Same as Above"
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

D. Ownership

1. Indicate the ownership status of the facility:

- a. Private _____
- | | |
|-----------------------------|----------|
| (1) Corporation | <u>X</u> |
| (2) Partnership | _____ |
| (3) Proprietorship | _____ |
| (4) Non-profit organization | _____ |
- b. Public _____
- | | |
|---------------|-------|
| (1) Federal | _____ |
| (2) Military | _____ |
| (3) State | _____ |
| (4) Regional | _____ |
| (5) County | _____ |
| (6) Municipal | _____ |

c. Other (specify) _____

2. Is facility and site property owned by applicant?

X Yes _____ No

If you checked "no",

RECEIVED
AUG 17 1980
PERMIT CONTROL
TDWR

- a. Submit as an attachment a copy of the lease for use of said facility and/or site property, as appropriate; and
- b. Identify the facility owner. If same as applicant in Part A above, state "same as applicant." If different from the applicant, please note that the owner is required to sign the application on page 5.

Name: "Same As Applicant"

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E. Type of Permit Application:

1. New X
2. Amendment _____ (TDWR Permit Number: _____)

F. Registration and Permit Information

1. Denote your TDWR Solid Waste Registration Number. If none, state "none." 30825

2. Indicate (by listing the permit number(s) in the appropriate column below) all existing or pending State and/or Federal permits or construction approvals which pertain to pollution control or industrial solid waste management activities conducted by your plant or at your location. Complete each blank by entering the permit number, or the date of application, or "none".

Relevant Program and/or Law

	<u>Permit No.</u>	<u>Government Agency*</u>
a. Texas Solid Waste Disposal Act	<u>None</u>	_____
b. Wastewater disposal under the Texas Water Code	<u>None</u>	_____
c. Underground injection under the Texas Water Code	<u>None</u>	_____
d. Texas Clean Air Act	_____	<u>TACB</u>
e. Texas Uranium Surface Mining & Reclamation Act	<u>None</u>	_____
f. Texas Surface Coal Mining & Reclamation Act	<u>None</u>	_____
g. Hazardous Waste Management program under the Resource Conservation and Recovery Act	<u>None</u>	_____

h. UIC program under the Safe Drinking Water Act	<u>None</u>	<u> </u>
i. NPDES program under the Clean Water Act	<u>None</u>	<u> </u>
j. PSD program under the Clean Air Act	<u>None</u>	<u> </u>
k. Nonattainment program under the Clean Air Act	<u>None</u>	<u> </u>
l. National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act	<u>None</u>	<u> </u>
m. Ocean dumping permits under the Marine Protection Research and Sanctuaries Act	<u>None</u>	<u> </u>
n. Dredge or fill permits under section 404 of the Clean Water Act	<u>None</u>	<u> </u>
o. Other relevant environmental permits	<u>None</u>	<u> </u>

* Use the following acronyms for each agency as shown below:

TDWR = Texas Department of Water Resources
TACB = Texas Air Control Board
TRC = Texas Railroad Commission
TDH = Texas Department of Health
TDA = Texas Department of Agriculture
EPA = U. S. Environmental Protection Agency
CORPS = U. S. Army Corps of Engineers

G. Description of Business

1. Give a brief description of the nature of your business.

Hot Rolled Copper Rod Mill

2. List the principal products and/or services which are provided by your plant. Please itemize by Standard Industrial Classification (SIC) codes.

33 Hot Rolled Copper Rod

DATE 8/19/80 TEXAS DEPARTMENT OF WATER RESOURCES RECEIPT NO. 803409
AUSTIN, TEXAS
RECEIVED FROM Phelps Dodge Copper Products AMOUNT 500
ADDRESS PO Box 20200 El Paso, TX 79998

Suspense Fund 900	Special Fund 41
FY _____ CC _____	FY _____ CC _____
Sales Tax Fund 961	Special Fund 123
FY _____ CC _____	FY _____ CC _____
General Rev. Fd 1, Unappropriated	Special Fund 153
FY _____ CC _____	FY <u>80</u> CC <u>11371</u> <u>500</u>
General Rev. Fd 1, Appropriated	Special Fund 158
FY _____ CC _____	FY _____ CC _____

Comptr. Rev. Code 3754 Source of Funds _____ Refund on War# _____
REMARKS: Waste Discharge - Postage
Ck# 01145
Type of Remittance _____ Received by JF

TDWR-0756

I, Manuel D. Fernandes, Plant Manager
(Name) (Title)

I, Steve A. Sjostrom, Engineer
(Name) (Title)

Certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

Signature: M. D. Fernandes, Date: 8/13/80

Signature: Steve Sjostrom, Date: 8/13/80

SUBSCRIBED AND SWORN to before me by the said _____

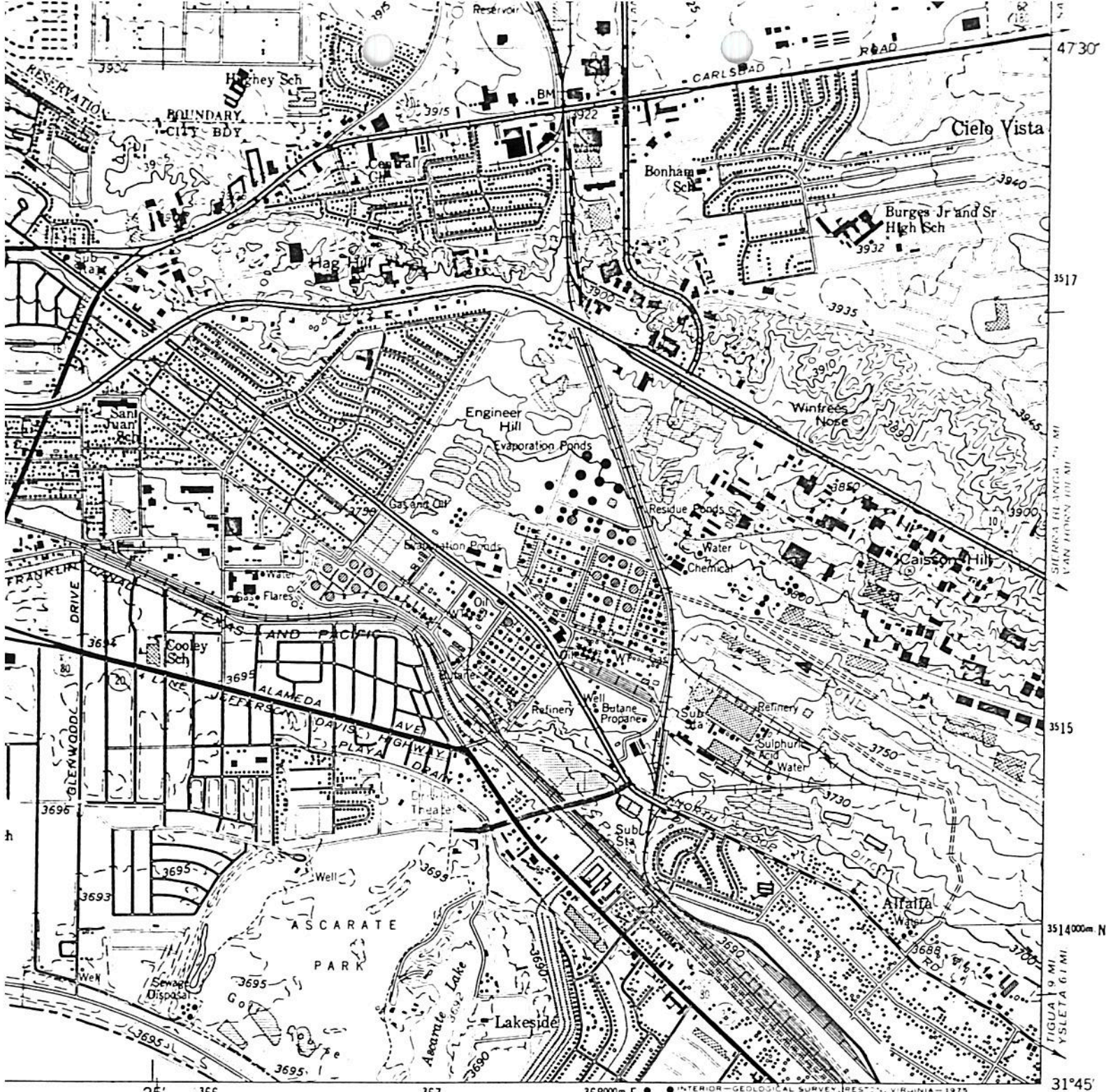
_____ on this 13th day of August, 19 80.

My commission expires on the 3rd day of March, 19 84.

(Dorothy F. Butcher)

Dorothy F. Butcher
Notary Public in and for _____

El Paso County, Texas



1 MILE
EET



ROAD CLASSIFICATION

Heavy-duty ————— Light-duty —————

Medium-duty ————— Unimproved dirt - - - - -

Interstate Route U.S. Route State Route

EL PASO, TEX.

N3145-W10622.5/7.5

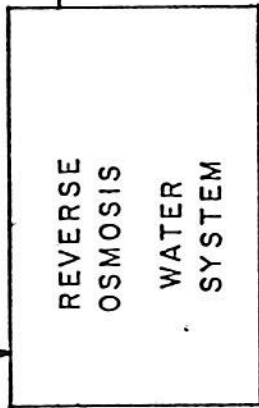
1955
PHOTOREVISED 1967 AND 1973
AMS 4747 IV SW-SERIES V882

A 22092

Attachment A

DEEP WELL

1



TO MUNICIPAL
WASTE TREATMENT

MAKE UP TO
PICKLING
&
BOILER

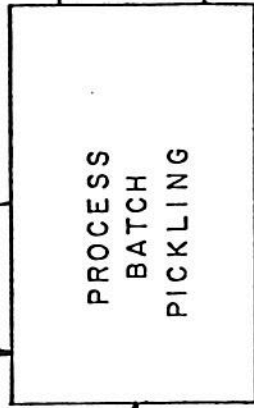
H₂SO₄

PRODUCTS :

BRIGHT COPPER ROD

CATHODIC COPPER

RAW MATERIAL
BLACK COPPER
RODS



TO WASTE
POND

10

EVAPORATION

Attachment G

COPPER ROD PICKLING
WATER BALANCE

SCALE N.T.S.

DATE 4/26/78

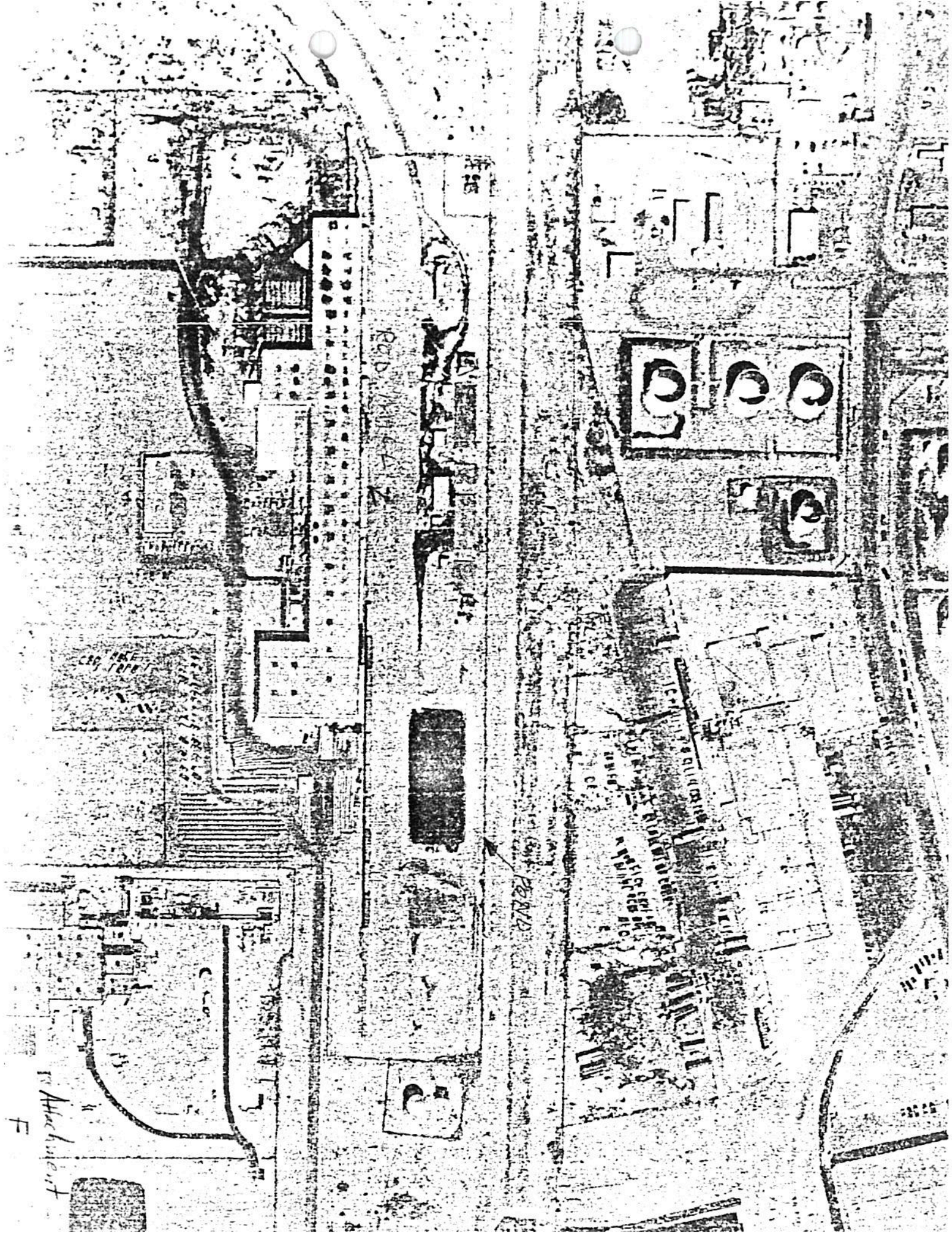
APPROVED

DRAWN S.R.V.

PHELPS DODGE
COPPER PRODUCTS CORP.
EL PASO ROD DIVISION
EL PASO, TEXAS

G-123-D

NO	DATE	REVISION



HOTEL
RESTAURANT

HOTEL
RESTAURANT

HOTEL

Attachment
F

II. SITE BACKGROUND INFORMATION

A. Location of Site

1. Facility Name: Phelps Dodge Copper Products

Street Address, if available: 897 Hawkins

El Paso, Texas County: El Paso

2. Are your waste management operations within the extraterritorial jurisdiction of a municipality?

X Yes No

If you checked "yes," what municipality? El Paso

3. Give a verbal description of the location of the facility site with respect to known or easily identifiable landmarks.

Immediately North West of Phelps Dodge Refinery

4. Detail the access routes from the nearest U.S. or State Highway to the facility site. Hawkins Exit South From Highway
Interstate 10 in El Paso

5. Submit as "Attachment A" a United States Geological Survey (USGS), 7½ minute quadrangle map. Indicate on this map the location of the site and the land use patterns of the areas within 1 mile (1.6 km) of the site boundaries (e.g., residential, commercial, recreational, agricultural, undeveloped, etc.). Each area of land use should be labeled on the map. (Note: if such a map is not available, submit a substitute map such as a State Department of Highways and Public Transportation county map with sufficient scale to adequately show the site location and surrounding land use patterns.

6. a. Submit as "Attachment B" a map indicating the boundaries of all adjacent parcels of land, and a list of the names and mailing addresses of all adjacent landowners and other nearby landowners who might consider themselves affected by the activities described by this application. Cross-reference this list to the map through the use of appropriate keying techniques. The map should be a USGS map, a city or county plat, or another map or drawing with a scale adequate enough to show the cross-referenced affected landowners.

- b. Indicate from what source(s) the names and addresses of persons identified as affected were obtained.

City _____
County _____
School District _____
Water District _____
Abstract Co. _____
Other (specify) Phelps Dodge Records

7. Enter the geographical coordinates of the site:

Latitude: N 31 deg 46 min 0 sec

Longitude: W 106 deg 23 min 30 sec

8. Is the facility located on Indian lands? Check one:

____ Yes X No

B. Legal Description of Site

Submit as "Attachment C" a legal description of the entire tract of land upon which the waste management operations referred to in this permit application occur or will occur.

C. Site Environmental and Technical Information

1. Climatic and Hydrologic

- a. Is any portion of your waste management facility site (including proposed, active, and inactive portions) subject to flooding from adjacent or nearby surface water bodies under the following conditions?

<u>24-hr Rainfall Event</u>	<u>Yes</u>	<u>No</u>
5-year	___	<u>X</u>
50-year	___	<u>X</u>
100-year	___	<u>X</u>

- b. Are there any producing groundwater wells on your site property?

X Yes ___ No

If you checked "yes,"

(1) Indicate the number of such wells: 6, and

(a) Industrial uses:

(b) Potable (drinking) water X

Irrigation water for livestock food crops or grazing land

Yes **X** No

(1) Industrial uses:

(2) Potable (drinking) water

Irrigation water for livestock food crops or grazing land

Yes **X** No

(1) Grazing

(2) Livestock food crop

(3) Human food crop

Yes **x** No

If you checked "yes," estimate the magnitude of the greatest subsidence that has occurred (in units of feet). _____

III. WASTES AND WASTE MANAGEMENT

A. Waste Generation and Management Activities

Is any hazardous industrial solid waste (see Title 40, Code of Federal Regulations, Part 261) presently or proposed to be generated at your facility?

☒ Yes ☐ No

If you checked "no," go to Section III.B.2. below.

If you checked "yes," answer the following question.

1. Are you presently registered with TDWR as a solid waste generator?

☒ Yes ☐ No

If you checked "no," contact the Solid Waste Section of TDWR in Austin, Texas to obtain registration information. Also, continue with the application form (go to Number 2 below).

If you checked "yes," go to Section I of your Notice of Registration, determine which of your wastes are hazardous, and list these wastes (and mixtures) in Table III-1 (see Number 2 below).

2. Complete Table III-1 below, listing all hazardous wastes and all mixtures containing any hazardous waste which are presently or proposed to be generated at your facility. (see 40 CFR 261.31-33), attaching additional copies as necessary.

In this table, "TDWR Sequence Number" refers to the number in the left-hand column in Section I of your Notice of Registration (Note: if you are not registered with TDWR, enter "NA" for TDWR Sequence Number and TDWR Waste Code Number).

For the EPA Hazard Code and EPA Hazardous Waste Numbers, see 40 CFR 261.30-33. For annual quantity, provide the amount in units of pounds (as generated) for each waste and/or waste mixture.

Please group the listings of wastes by SIC code, insofar as your processes are designated by SIC codings. Also, within the general SIC code groups, give a brief description of the specific process or operation from which the waste has been generated.

B. Waste Management Facilities Summary

1. For each waste and waste mixture listed in Table III-1 that is presently or proposed to be managed on-site, provide the summary sheet shown in Table III-2 (Note: you must make copies of Table III-2 and submit the completed set of tables as "Attachment D").

Table III-2 Hazardous Waste Management Facility Component Summary Sheet

Verbal Description of Waste

H₂SO₄ in H₂O

Process (see last column in Table III-1)

Sulphuric Acid Pickling

TDWR Sequence Number of Waste (if assigned)

Indicate the facility components used for storage/processing/disposal of the above-specified waste by entering the number of such facility components by which this waste is managed.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Lagoon/Pond (unlined) | <input type="checkbox"/> Landfarm |
| <input checked="" type="checkbox"/> Lagoon/Pond (lined) - Proposed | <input type="checkbox"/> Landspreading Area |
| <input type="checkbox"/> Basin (earthen, above-grade lined) | <input type="checkbox"/> Spray Irrigation Area |
| <input type="checkbox"/> Basin (earthen, above-grade unlined) | <input type="checkbox"/> Flood Irrigation Area |
| <input type="checkbox"/> Basin (earthen, below-grade lined) | <input type="checkbox"/> Septic Tank/Drain Field |
| <input type="checkbox"/> Basin (earthen, below-grade unlined) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Basin (concrete, above-grade lined) | <input type="checkbox"/> Tank (surface storage) |
| <input type="checkbox"/> Basin (concrete, above-grade unlined) | <input type="checkbox"/> Tank (sub-surface storage) |
| <input type="checkbox"/> Basin (concrete, below-grade lined) | <input type="checkbox"/> Tank (surface processing) |
| <input type="checkbox"/> Basin (concrete, below-grade unlined) | <input type="checkbox"/> Tank (sub-surface processing) |
| <input type="checkbox"/> Basin (other) | <input type="checkbox"/> Tank (other) |
| <input type="checkbox"/> Pit (lined) | <input type="checkbox"/> Drum Storage Area (open) |
| <input type="checkbox"/> Pit (unlined) | <input type="checkbox"/> Drum Storage Area (enclosed) |
| <input type="checkbox"/> Incinerator | <input type="checkbox"/> Drum Storage Area (other) |
| <input type="checkbox"/> Open Controlled Incineration Area | <input type="checkbox"/> Bulk Storage Area (open) |
| <input type="checkbox"/> Boiler (energy-producing) | <input type="checkbox"/> Bulk Storage Area (enclosed) |
| <input type="checkbox"/> Landfill (sanitary) | <input type="checkbox"/> Bulk Storage Area (other) |
| <input type="checkbox"/> Landfill (surface, open) | <input type="checkbox"/> Other (specify _____) |
| <input type="checkbox"/> Landfill (other) | _____) |

2. Has the applicant at any time conducted the on-site storage, processing, or disposal of industrial solid waste now identified or listed as hazardous waste?

☒ Yes ☐ No

If you checked "yes," complete Table III-3 indicating the hazardous industrial solid waste management facility components which were once utilized at your plant site but are no longer in service (i.e., inactive facility components).

If you checked "no," and if no hazardous industrial solid waste is presently or proposed to be generated or managed at your facility, then you need not file this permit application. Otherwise, proceed with application form.

3. For each facility component indicated in Table III-2 (Attachment D) and Table III-3, complete the following Table III-4 attaching additional copies as necessary. Enter the name of each facility component as specified in the earlier tables.

Give the design capacity of each facility component in any of the units shown. In the case of inactive facilities for which design details are unavailable, an estimate of the design capacity is sufficient.

Please note that each facility component should be described in your own words on the line provided for "verbal description."

4. Provide an estimate of the total weight (lbs) of hazardous industrial solid waste material that has been disposed of and/or stored within your site boundaries and not removed to another site.

C. Location of Waste Management Facilities and Components

1. Submit as "Attachment E" a drawn-to-scale topographic map (or other map if a topographic map is unavailable) extending one mile (and only one mile) beyond the property boundaries of the overall plant site, depicting the following:

- a. The approximate boundaries of the site (described in Section II B) and within these boundaries, the location and boundaries of the areas occupied by each active, inactive, and proposed facility component (see Tables III-2 and III-3 for facility components). Each depicted area should be labeled to identify the facility component(s), component status (i.e., active, inactive, or proposed), and area size in acres.

Table III-3 Inactive Hazardous Industrial Solid Waste Management Facility Components

Indicate the inactive facility components which were used for storage/processing/disposal of hazardous wastes or mixtures containing any hazardous waste by entering the number of such facility components in the space provided.

<input type="checkbox"/> Lagoon/Pond (lined)	<input type="checkbox"/> Landspreading Area
<input type="checkbox"/> Basin (earthen, above-grade lined)	<input type="checkbox"/> Spray Irrigation Area
<input type="checkbox"/> Basin (earthen, above-grade unlined)	<input type="checkbox"/> Flood Irrigation Area
<input type="checkbox"/> Basin (earthen, below-grade lined)	<input type="checkbox"/> Septic Tank/Drain Field
<input type="checkbox"/> Basin (earthen, below-grade unlined)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Basin (concrete, above-grade lined)	<input type="checkbox"/> Tank (surface storage)
<input type="checkbox"/> Basin (concrete, above-grade unlined)	<input type="checkbox"/> Tank (sub-surface storage)
<input type="checkbox"/> Basin (concrete, below-grade lined)	<input type="checkbox"/> Tank (surface processing)
<input type="checkbox"/> Basin (concrete, below-grade unlined)	<input type="checkbox"/> Tank (sub-surface processing)
<input type="checkbox"/> Basin (other)	<input type="checkbox"/> Tank (other)
<input type="checkbox"/> Pit (lined)	<input type="checkbox"/> Drum Storage Area (open)
<input type="checkbox"/> Pit (unlined)	<input type="checkbox"/> Drum Storage Area (enclosed)
<input type="checkbox"/> Incinerator	<input type="checkbox"/> Drum Storage Area (other)
<input type="checkbox"/> Open Controlled Incineration Area	<input type="checkbox"/> Bulk Storage Area (open)
<input type="checkbox"/> Boiler (energy-producing)	<input type="checkbox"/> Bulk Storage Area (enclosed)
<input type="checkbox"/> Landfill (sanitary)	<input type="checkbox"/> Bulk Storage Area (other)
<input type="checkbox"/> Landfill (surface, open)	<input type="checkbox"/> Other (specify _____)
<input type="checkbox"/> Landfill (other)	_____)

Table III-4 Hazardous Waste Facility Components List

Facility Component		TDWR Seq. No.	Status		Design Capacity		Number of Years Utilized	Date in Service
Name	Inactive		Active	Proposed	(cu yds)	(gal)		
El Paso Rod Mill				X		2963	10	Dec '69
Verbal Description: _____								

Verbal Description: _____								

Verbal Description: _____								

Verbal Description: _____								

Verbal Description: _____								

Verbal Description: _____								

- b. The overall facility and all surface intake and discharge structures;
 - c. All injection wells where liquids are injected underground;
 - d. All known monitor wells and boreholes within the property boundaries of the overall plant site; and
 - e. All wells, springs, other surface water bodies, and drinking water wells within the map area and the purpose for which each water well is used (e.g., domestic, livestock, agricultural, industrial, etc.).
2. Submit as "Attachment F" photographs which clearly delineate all hazardous waste facility structures and storage, processing, and disposal areas, as well as sites of future storage, processing, and disposal areas.

D. Flow Diagram/Description

Show as "Attachment G" process flow diagrams or step-by-step word descriptions of the process flow, depicting the handling, collection, storage, processing, and/or disposal of each of the hazardous wastes previously listed in this application.

The flow diagrams or descriptions should include the following information:

1. Originating point of each waste and waste classification code;
2. Means of conveyance utilized in every step of the process flow;
3. Name and function of each facility component through which the waste passes;
4. The ultimate disposition of all wastes (if off-site, specify "off-site") and waste residues.

IV. INDEX OF ATTACHMENTS

List and index below all attachments to this application and indicate if included or not included:

<u>Item</u>	<u>Mandatory Attachments</u>	<u>Attachment</u>	<u>Included</u>	<u>Not Included</u>
II.A.5.	USGS map	<u>A</u>	<u>X</u>	—
II.A.6.a.	Affected landowners	<u>B</u>	<u>X</u>	—
II.B.	Site legal description	<u>C</u>	<u>X</u>	—
III.B.1.	Hazardous waste facility component summary sheets	<u>D</u>	—	<u>X</u>
III.C.1.	Facility boundaries and adjacent . waters map	<u>E</u>	<u>X</u>	—
III.C.2.	Photographs	<u>F</u>	<u>X</u>	—
III.D.	Process flow diagram/description	<u>G</u>	<u>X</u>	—
<u>Other Attachments as Required</u>				
I.D.2.a.	Lease	—	—	<u>X</u>
III.A.2.	Additional generated waste list (Table III-1)	—	—	<u>X</u>
III.B.3.	Additional hazardous waste facility components list (Table III-4)	—	—	<u>X</u>

LOSS OF INTERIM STATUS
REGION VI EPA
R06-01-06

1. Reviewer: DGS
2. Facility name: PHILIPS DODGE COPPER PRODUCTS Co.
3. Address/location: P.O. Box 20200
EL PASO, TX. 79998
4. EPA I.D. No.: TXD 048924989
5. Type of RCRA units requiring certification:

A. _____	H. _____
B. _____	I. _____
C. _____	J. _____
D. _____	K. _____
E. _____	L. _____
F. _____	M. _____
G. _____	N. _____

Not
Yes No Determined

6. Is groundwater certification required? If yes, continue to Question 7. If no, go to Question 22.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------
7. Is financial assurance certification required? If yes, continue to Question 3. If no, go to Question 22.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

	Yes	No	Not Determined
8. Was groundwater certification submitted? If yes, continue to Question 9. If no, answer Questions 9, 10, 11, and 12, and go to Question 20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was financial assurance certification submitted? If yes, continue to Question 10. If no, answer Questions 10, 11, and 12 and go to Question 20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is signature adequate? If yes, continue to Question 11. If no, answer Questions 11 and 12 and go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documentation available?			
a. Part A Submittal - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Part B Submittal - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Topographic Map - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Section 3007 Response - Date: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Closure Plan - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-Closure Plan - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. RCRA Inspection - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <u>Certification</u> Date: _____			
ii. _____ Date: _____			
iii. _____ Date: _____			
iv. _____ Date: _____			
v. _____ Date: _____			
	Signed _____		
	Received _____		
12. Do all documents listed in Question 11 agree with the information shown in Question 5? If yes, continue to Question 13. If no, go to Question 22 and check with Project Manager before continuing with questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does groundwater certification properly address all units listed in Question 5? If yes, continue to Question 14. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Determined
14. Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply.	<u>Closure Cost</u>	<u>Insurance Part B</u>	<u>Available</u>
a. Closure trust fund:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surety bond guaranteeing payment into a closure trust fund:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surety bond guaranteeing performance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Closure letter of credit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Closure insurance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial test/corporate guarantee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Multiple financial mechanisms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Which of the following options were used to demonstrate financial assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply.	<u>POST CLOSURE Cost</u>	<u>Insurance Part B</u>	<u>Available</u>

- | | Yes | No | Not
Determined |
|--|--------------------------|--------------------------|--------------------------|
| a. Post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surety bond guaranteeing payment into a post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surety bond guaranteeing performance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Post-closure letter of credit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Insurance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Financial test/corporate guarantee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Multiple financial mechanisms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is certification considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is financial assurance considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If the answer to Questions 8, 9, 18, or 19 is no, was a closure plan submitted? If yes, continue to Question 21. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If the answer to Questions 8, 9, 18, or 19 is no, was a post-closure plan submitted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Briefly discuss the problems or discrepancies identified and determine if they are of a nature which prevents further review. | | | |

times higher than the EPA standard for drinking water. At the time of this inspection the lined pond contents were found to be hazardous by lead concentration. A medium hazard has been assigned because of the potential for further impact to groundwater. The site is currently under enforcement action by TDWR. A copy of the technical recommendations from District 10 is attached as well as a copy of the draft notice of enforcement from the Austin office.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT (Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. TYPE OF IMPOUNDMENT

Lined ponds containing oily process water and hydraulic oil spillage; being phased out.

2. STABILITY/CONDITION OF EMBANKMENTS

Good condition but no vegetation in area of berms.

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☒ YES ☐ NO Oily film on surface of both ponds

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☒ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☒ YES ☐ NO Location verified during inspection; TDWR files indicated contents.

7. IMPOUNDMENT HAS LINER SYSTEM

☒ YES ☐ NO 36 mil CPE liner

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☒ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

Sandy; unconsolidated

9. MONITORING WELLS

☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH each

LENGTH 114' WIDTH 124' DEPTH 7'

11. CALCULATED VOLUMETRIC CAPACITY

740,000 gallons each

12. PERCENT OF CAPACITY REMAINING

50%

13. ESTIMATE FREEBOARD

East pond - 2.5' West pond - 4.5'

14. SOLIDS DEPOSITION

☐ YES ☒ NO

15. DREDGING DISPOSAL METHOD

none

16. OTHER EQUIPMENT

-Leak detection system in place with sample port (PVC pipe) at east edge. Site representatives indicated that the system had not produced sufficient volume of liquid to obtain a sample.

-Skimmers installed on west pond.

-Pump between ponds on N. part of central berm.

-West pond was being pumped out to oil/water separation unit while we were present. There was also a small discharge to the west pond at the SE corner. Site representative indicated that it was flow from the rolling mill (heavily laden with oil) and floor drains in the process area.

Phelps Dodge Copper Co.

EPA ID No. TXD048924989

Solid Waste Reg. No. 30825

IRA

El Paso County

TSD Facility

"discharges" to U.S. Waters" (Part A) but no NPDES No. Noted

→ Storage & Disposal Surface Impoundments (DOOZ waste)

{ seepage from ww pond (located on-site of current surface impoundments(2)) documented but no gw contamination found
current S.I. lined (now certified closed)
Storage/disposal by evaporation of spent acid metal treatment solution, rolling mill cooling water/oil, alkaline wax solution, hydraulic oil.
neutralization process generates copper hydroxide (sold for recovery)
(container storage (inside bldg.) for PCB-contaminated capacitors

surface impoundments have been certified closed, but are now used for storage of non-haz. waste

ERCLA

materials of greatest concern on-site

- spent H_2SO_4 containing Cu
- lead in impoundment
- PCBs in transformers

} poor housekeeping
overflow

sampling info:

soil boring data reportedly → no significant cont. to gw.
no gw monitoring program

* probably need additional sampling

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

INSTALLATION'S EPA I.D. NUMBER 2 APPROVED DATE RECEIVED (yr., mo., & day)
F T X D O 4 8 9 2 4 9 8 9 3 1 8 0 0 7 2 8

000018

I. NAME OF INSTALLATION
P H E L P S D O D G E C O P P E R P R O D U C T S C O

II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX
3 P O B O X 2 0 2 0 0
CITY OR TOWN ST. ZIP CODE
4 E L P A S O T X 7 9 9 9 8

III. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER
5 8 9 7 H A W K I N S
CITY OR TOWN ST. ZIP CODE
6 E L P A S O T X 7 7 9 1 5

IV. INSTALLATION CONTACT
NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)
2 S J O S T R O M S T E V E E E 9 1 5 - 7 7 8 - 9 3 7 1

V. OWNERSHIP
A. NAME OF INSTALLATION'S LEGAL OWNER
8 P H E L P S D O D G E I N D U S T R I E S I N C

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)
F - FEDERAL M - NON-FEDERAL
A. GENERATION B. TRANSPORTATION (complete Item VII)
C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete Item C)
C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Manuel D. Fernandes</i>	NAME & OFFICIAL TITLE (type or print) Manuel D. Fernandes Plant Manager	DATE SIGNED 7/23/80
---	--	------------------------

Phelps Dodge

9.14.84
DF

PERMIT HEADER

FACILITY ID TXD 04 892 4989

SEQUENCE NO _____

NEW ENTRY X

DATE EFFECTIVE _____

CHANGE ENTRY _____

DELETE ENTRY _____

PART-B APPLICATION

PERMIT ISSUED

IND.	PROCESS	AMT	UNIT	IND.	PROCESS	AMT	UNIT
------	---------	-----	------	------	---------	-----	------

STORAGE

CONTAINERS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

TANKS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

WASTE PILES

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

SURFACE IMPOUNDMENTS

R	898,687.0	-	G	-	-----	-	-
---	----------------------	---	---	---	-------	---	---

→ 599,192.0 →

DISPOSAL

INJECTION WELLS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

LANDFILLS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

LAND APPLICATIONS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

OCEAN DISPOSAL

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

SURFACE IMPOUNDMENTS

R	898,687.0	-	G	-	-----	-	-
---	-----------	---	---	---	-------	---	---

TREATMENT

TANKS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

SURFACE IMPOUNDMENTS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

INCINERATORS

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

OTHER

-	-----	-	-	-	-----	-	-
---	-------	---	---	---	-------	---	---

PERMIT ACTION LINKED TO
PERMIT ACTION LINK CHANGED FROM TO
DELETE PERMIT ACTION LINK TO

PERMIT ISSUANCE TRACKING

FACILITY ID TXD 04 892 4989

NEW ENTRY X

CHANGE ENTRY

DELETE ENTRY

PERMIT NO 1

ACTION CODE 01

SEQUENCE NO 01

9-14-84

DATE DUE

ACTION DATE 84-07-19

STATUS CODE

FREE FIELD 1

FREE FIELD 2

FREE FIELD 3

FREE FIELD 4

FREE FIELD 5

FREE FIELD 6

RESPONSIBLE AGENCY S

RESPONSIBLE PERSON

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO
PERMIT ACTION LINK CHANGED FROM TO
DELETE PERMIT ACTION LINK TO

OF

PERMIT ISSUANCE TRACKING

FACILITY ID TXD 04 892 4989

NEW ENTRY X

CHANGE ENTRY

DELETE ENTRY

PERMIT NO 1

ACTION CODE 02

SEQUENCE NO 02

DATE DUE 85-01-20

ACTION DATE

STATUS CODE

FREE FIELD 1

FREE FIELD 2

FREE FIELD 3

FREE FIELD 4

FREE FIELD 5

RESPONSIBLE AGENCY S

RESPONSIBLE PERSON

JAN



Client : PHELPS DODGE COPPER-ROD MILL Proj # : 84-940
Facility : EL PASO REF Lab ID # : 11598
 EL PASO
 TEXAS

Sample : IRRIGATION WATER POND INFLUENT →

Date Taken : 6/17/85

Date Received : 6/18/85

Constituent	Concentration	Units	Notes
Conductivity	2900	umhos/cm	
pH	9.2		
Solids/Dissolved	2400	mg/L	
Alkalinity	190	mg/L	
Chloride	220	mg/L	
Fluoride	0.79	mg/L	
Nitrate-N	0.11	mg/L	
Sulfate	930	mg/L	
Calcium	44	mg/L	
Copper	1.1	mg/L	
Magnesium	4.8	mg/L	
Potassium	1.8	mg/L	
Sodium	715	mg/L	
EP Tox Arsenic	0.002	mg/L	
EP Tox Barium	0.8	mg/L	
EP Tox Cadmium	<0.01	mg/L	
EP Tox Chromium	<0.05	mg/L	
EP Tox Lead	<0.05	mg/L	
EP Tox Mercury	<0.001	mg/L	
EP Tox Selenium	0.002	mg/L	
EP Tox Silver	<0.01	mg/L	



Phelps Dodge Copper Products Company & Phelps Dodge Refining Corporation
PO Box 20001, El Paso, TX 79998 • (915) 778-9881 • FAX (915) 775-8897

HZ/RCI
TXD 0489 24989

6-EN
RIRA

Certified Mail

7005 2570 0000 4624 2800

February 25, 2006

Texas Commission on Environmental Quality (TCEQ)
Industrial and Hazardous Waste, MC (130)
Attn: Katherine Nelson, PE
P.O. Box 13087
Austin, TX 78711-3087

Rec'd #4
3/17/2006
PD

RE: Phelps Dodge, El Paso Operations (PD)
SW Registration Number 30825
Exception Report of TCEQ Manifest Number 3482338

Dear Ms. Nelson:

In accordance with 40 CFR §262.42, PD is submitting this letter as the exception report for referenced manifest. PD has been in contact with the disposal facility requesting the status of the waste with the initial shipment date of January 12, 2006.

The shipment reached its destination by way of rail on January 19, 2006, and was scheduled to be off loaded on January 31, 2006. Due to a conformance load, the waste was rejected and was sent back to PD on February 7, 2006. However, after separate arrangements were made with the disposal facility to manage the waste at the disposal facility, the load was sent back to Texas Molecular on February 24, 2006. The load is presently being managed at the disposal facility and the original manifest will be sent to PD once the waste has been processed for disposal.

Should you have any questions regarding these waste streams please do not hesitate to contact me at 915-775-8822.

Sincerely,

Martin H. Soltero
Environmental Engineer

Enclosures

cc: EPA, Region 6
TCEQ, Region 6, El Paso Office
File

TEXAS COMMISSION ON
ENVIRONMENTAL QUALITY
P.O. Box 13087
Austin, Texas 78711-3087



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form approved. OMB No. 2050-0038.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. TXD 04892498982238	Manifest Document No. of 1	2. Page 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Pheips Dodge El Paso Operations 897 Hawkins Blvd. El Paso, Texas 79915		A. State Manifest Document Number 3482338		B. State Generator's ID 30825		
4. Generator's Phone (915) 778-9881 Attn: Martin H. Soltero		C. State Transporter's ID 40320		D. Transporter's Phone 713-223-6304		
5. Transporter 1 Company Name Union Pacific Transport Co.		6. US EPA ID Number CAD 006913206		E. State Transporter's ID 41268		
7. Transporter 2 Company Name TM Hauling Services, LLC		8. US EPA ID Number TXD 982552879		F. State Transporter's ID 281-930-2525		
9. Designated Facility Name and Site Address TM Deer Park Services, LLC 2525 Battleground Rd. Deer Park, Texas 77536		10. US EPA ID Number TXD 000719518		G. State Facility's ID 32999		
11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. RQ Hazardous Waste, Liquid, N.O.S. (contains arsenic) Hazard Class 9, NA3082, PG III (ERG #171)		001	23	10	D004, D010 005113H	
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above Hazardous waste recovery plant effluent. Profile #13004691 Dry weight 13.86 T RR car UTLX650420		Handling Codes for Wastes Listed Above FEL34				
15. Special Handling Instructions and Additional Information 24 Emergency contact: CHEMTREC (800)424-9300						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Martin H. Soltero		Signature Martin H. Soltero		Month Day Year 01/12/06		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Gloria S. Martinez		Signature Gloria S. Martinez		Date 01/12/06		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space Return to Generator - Material off-spec.		Return to Phelps-Dodge El Paso Operations 897 Hawkins Blvd. El Paso, TX 79915 Attn: Martin Soltero		TXD 048924989 EPAID 30825 415-778-9881		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Frank Harris		Signature Frank Harris		Date 01/12/06		

RECORD OF COMMUNICATION		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE	
		<input type="checkbox"/> OTHER (SPECIFY) _____	
		(Record of item checked above)	
TO: <i>Ron Van Wyk</i>	FROM: <i>David Lee</i> <i>TWC</i>	DATE <i>7/9/86</i>	TIME <i>3:25pm</i>
SUBJECT <i>Phelps Dodge (TXD 048 924 989)</i>			
SUMMARY OF COMMUNICATION <i>Phelps Dodge impoundment is certified closed. Impoundment is only land disposal unit.</i>			
CONCLUSIONS, ACTION TAKEN OR REQUIRED 			
INFORMATION COPIES TO:			

Facility Management Plan
Phelps Dodge Copper Products Company
El Paso, Texas
TWC No. 30825 TACB No. R-4622
EPA I.D. No. TXD048924989
June 11, 1986

II.B.4

BACKGROUND

Phelps Dodge Copper Products (PDCC) is a copper mill which produces copper wire and rod from copper refined by the adjacent Phelps Dodge Copper Refinery. Operations began in 1969 and involve the casting, pickling, rolling, and drawing of refined copper. A new rod mill was constructed in 1981, including a new wastewater treatment system. The site is located at 897 Hawkins Boulevard in an industrial section of El Paso. PDCC used an unlined evaporation pond (100' x 200' x 4') prior to reconstruction in 1981. This pond was used to store spent acid solutions containing copper, process cooling water, and minor quantities of an alkaline wax solution and hydraulic/lube oil spillage. This pond was replaced in 1981 with two impoundments with polyethylene liners and leak detection systems due to the 1979 determination that the original impoundment was leaking.

The site is underlain by alluvium and the Hueco Bolson deposits. Ground water fluctuates in response to heavy industrial pumpage of these interconnected aquifers and is approximately 140 feet below land surface. The alluvial deposits consist of sand, gravel, clay and silt, and are approximately 200 feet in thickness. The Hueco Bolson deposits consist of alternating beds of clay, sand, and gravel to an unknown depth beneath the site.

ISSUES

PDCC completed a closure plan for the two new impoundments which was approved by the TWC on September 24, 1985. This closure consisted of the removal of all impoundment wastewater and sludges prior to retention of the impoundments for non-hazardous service.

Ground water and soils were investigated during closure to determine if either had been impacted by the impoundments operation. This investigation established that some impact of the ground water by non-hazardous constituents has occurred.

FACILITY MANAGEMENT PLAN SCHEDULE (page 1 of 3)

Date:

Facility Name: Phelps Dodge Copper Produc
EPA I.D.: TXD048924989
State I.D.: 30825

Comments

1987

1986

No Part B submitted.
No TSD facilities.

EPA to perform PA.

PERMIT ACTIONS

Application rec'd.
Part B
HSA

NOD (+ letter/order)
Part B
HSA

Complete

Permit drafted
EPA comments
Public notice
Public hearing

Final determination

SMMU CORRECTIVE
ACTION

Preliminary Assess.
report completed
EPA review

Site Investigation
report completed
EPA review

Remedial Invst. plan
approved (by permit
or order?)
RI completed

Correct. Measures
approved (by
permit or order?)

NOTE: "S" designates State action; "E" designates EPA action; "S/E" designates joint State-EPA action.

Facility Name: Phelps Dodge Copper Prod
EPA I.D.: TXD048924989
State I.D.: 30825

EPA I.D.: TXD048924989

State I.D.: 30825

	1986												1987												
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	Comments
<u>ENFORCEMENT ACTIONS</u>																									
CEI Insp. report rec'd. Review/evaluation complete Action proposed			T																						Inspection Date 3/20/86. Inspection Report received 4/17/86.
CME Insp. report rec'd. Review/eval. complete Action proposed														T											
NOV, warning letter, etc. (indicate which)																									NOV 4/8/86
Enforcement measures (based on response or lack thereof) Order Consent agreement Referral (AG or EPA?) Scheduled compliance date				T																					Compliance Agreement 10/8/84 RE: Submit Closure Plan (completed schedule of compliance)

FACILITY MANAGEMENT PLAN SCHEDULE (page 3 of 3)

Facility Name: Phelps Dodge Copper Prod.
 EPA I.D.: TXD048924989
 State I.D.: 30825

DATE:

	1986												1987												Comments
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
<u>CLOSURE ACTIONS</u>																									
Closure plan rec'd. State review EPA review																									Closure Plan received 11/7/84.
Public notice																									Public notice published 1/28/85
Approve/disapprove																									
<u>*POST-CLOSURE ACTIONS</u>																									
Application rec'd.																									
NOD (+ letter/order)																									
Complete																									
Permit drafted EPA comments Public notice Public hearing																									Closure plan approved 1/17/85 (no modification from public comment) Certification received 9/24/85.
Final determination																									
<u>ADDITIONAL</u>																									
Inspection by EPA G-W Task Force																									
Expanded Public Participation Design- nation																									
Review/revise FMP																									

* Post-closure permits must address SMMUs; schedule on page 1 of FMP Schedule.

Phelps Dodge
NS 328-86

P - C - L - W HEADER

FACILITY ID: TXD 048924989

NEW ENTRY X
(C2001) HEADER TYPE: C
HEADER PROCESS TYPE: ED
(C2003)
CHANGE ENTRY -
R/S/C IND: R
(C2051)
DELETE ENTRY -
(C2002) HEADER TYPE SEQ NO: 01
DATE COVERAGE EFFECTIVE: -----
(C2004)

(C2052) STORAGE	APPLICABLE	PROCESS AMOUNT (C2053)	UNITS (C2054)
(S01) CONTAINERS	-	-----	-
(S02) TANKS	-	-----	-
(S03) WASTE PILES	-	-----	-
(S04) SURFACE IMPOUNDMENTS	X	599,192	G
DISPOSAL			
(D79) INJECTION WELL	-	-----	-
(D90) LANDFILLS	-	-----	-
(D81) LAND APPLICATION	-	-----	-
(D82) OCEAN	-	-----	-
(D83) SURFACE IMPOUNDMENTS	X	898,687	G
TREATMENT			
(T01) TANKS	-	-----	-
(T02) SURFACE IMPOUNDMENTS	-	-----	-
(T03) INCINERATORS	-	-----	-
(T04) OTHER	-	-----	-

TWC ID 30825

P - C - L - W TRACKING

~~NS 3-27-86~~
KC 5-14-86
Phelps Dodge

P - C - L - W TRACKING

FACILITY ID: TXD 048924989

NEW ENTRY X

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: C
ACTION ITEM: 01

HEADER TYPE SEQ NO: 01
TRACKING SEQ NO: 01

RESPONSIBLE AGENCY: -

RESPONSIBLE PERSON: ---

DATE DUE: -----

ACTION DATE: 850107

STATUS CODE: --

FREE FIELD 1: -
FREE FIELD 4: ---

FREE FIELD 2: --
FREE FIELD 5: ---

FREE FIELD 3: ---
FREE FIELD 6: ---

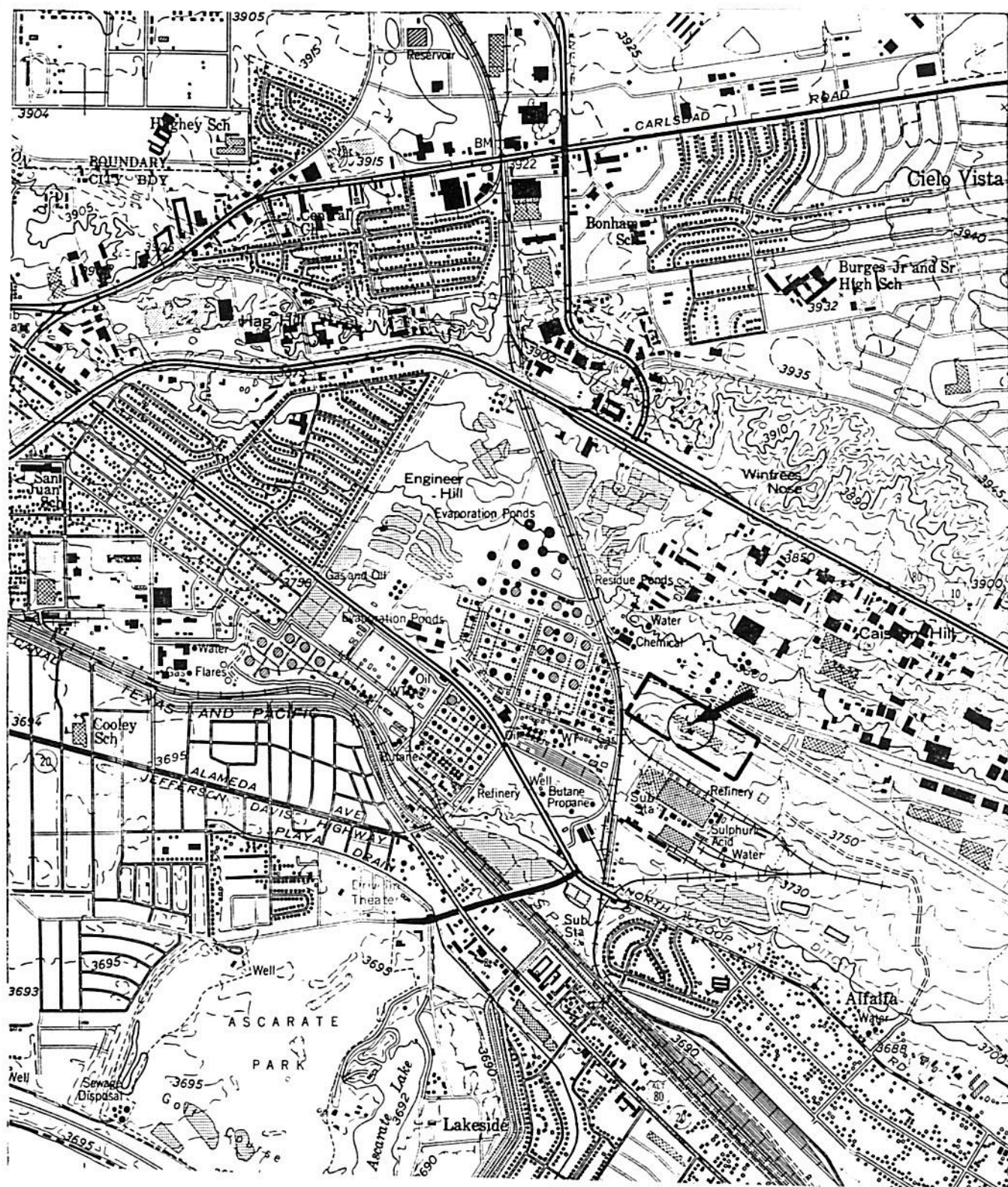
COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO -----

PERMIT ACTION LINK CHANGED FROM ----- TO -----

DELETE PERMIT ACTION LINK TO -----

1-2



TXD048924989
 PHELPS DODGE COPPER PRODUCTS
 LATITUDE: 31° 46' 03"N
 LONGITUDE: 106° 23' 22"W
 EL PASO COUNTY
 USGS, EL PASO (1973),
 TEXAS QUADRANGLE

DATA CHANCLS

Handwritten: 12-22-87

EPA IDENTIFICATION NUMBER/C101=12												TWC #/C116=6				PREPARER				DATE			
Facility Name/C104=40																				12-22-87			
Matling Address/C106=30																				County/C114=3			
City/C107=25																				ST/C108=2			
Facility Contact Person/C105=30																				Zip/C109=5			
Location Address/C110=30																				Ownership Code/C102			
City/C111=25																				ST Dist/C115=2			
Owner's Name/C1503=40																				Zip/C112=5			
GEN TRN TSD UIC												C1105				C305				Other			
Waste Codes to be added/C2701												C119 = 1				C				=			
Process Codes - Add - Delete - Change																				Waste Codes to be deleted/C2701			
C1801=3												C1802=13				C1803=1				C1804=1			
C1801=3												C1802=13				C1803=1				C1804=1			
C1801=3												C1802=13				C1803=1				C1804=1			
Other Coding as necessary																							

Entered by: R.V. Date Entered: 12.24.87 QC: File Code: II.1.B

P 455 258 951

ED STATES ENVIRONMENTAL PROTECTION AGENCY

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SEP 01 1987

Sent to Phelps Dodge Copper Prod. Co.	
Street and No. TXP 048924989	
P.O., State and ZIP Code El Paso, TX 79998	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

ttal of RCRA Facility Assessment Report

P. Allen, Chief
al Section (6H-CT)K. Honker, Chief
Section (6H-CP)

ase find two copies of the following RCRA Facility

° Facility Name: Phelps Dodge Copper Products

° EPA ID Number: TXD048924989

Please forward one copy of this document to the appropriate State Agency. The RFA report for this facility is currently under review in the Technical Section. A copy of the RFA Evaluation will be sent to you as soon as it is completed.

Attachment

cc: Sam Becker (6H-C)

6H-CT:BVideoan:6-25-87:Disk #1:FILE CODE:II.B.1 -

CONCURRENCES

SYMBOL							
SURNAME	mb						
DATE	8/31						

48
Rich

Facility Management Plan
Phelps Dodge Copper Products Company
El Paso, Texas
TWC No. 30825 TACB No. R-4622
EPA I.D. No. TXD048924989
Revised May 1987

II. B.4

BACKGROUND

Phelps Dodge Copper Products (PDCC) is a copper mill which produces copper wire and rod from copper refined by the adjacent Phelps Dodge Copper Refinery. Operations began in 1969 and involve the casting, pickling, rolling, and drawing of refined copper. A new rod mill was constructed in 1981, including a new wastewater treatment system. The site is located at 897 Hawkins Boulevard in an industrial section of El Paso. PDCC used an unlined evaporation pond (100' x 200' x 4') prior to reconstruction in 1981. This pond was used to store spent acid solutions containing copper, process cooling water, and minor quantities of an alkaline wax solution and hydraulic/lube oil spillage. This pond was replaced in 1981 with two impoundments with polyethylene liners and leak detection systems due to the 1979 determination that the original impoundment was leaking.

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Ground water and soils were investigated during closure to determine if either had been impacted by the impoundments operation. This investigation established that some impact of the ground water by non-hazardous constituents has occurred. Please see FMP schedule for updates.

FACILITY MANAGEMENT PLAN SCHEDULE (page 1 of 3)

Facility Name: Phelps Dodge Copper Produc
 EPA I.D.: TXD048924989
 State I.D.: 30825

Date:

Comments

1987

1986

	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
<u>PERMIT ACTIONS</u>																									
Application rec'd. Part B HWSA																									No Part B submitted. No TSD facilities.
NOD (+ letter/order) Part B HWSA																									
Complete																									
Permit drafted EPA comments Public notice Public hearing																									
Final determination																									
<u>SWMU CORRECTIVE ACTION</u>																									
Preliminary Assess. report completed EPA review																									EPA to perform PA.
Site Investigation report completed EPA review																									
Remedial Invst. plan approved (by permit or order?) RI completed																									
Correct. Measures approved (by permit or order?)																									

Facility Name: Phelps Dodge Copper Prod
EPA I.D.: TXD048924989
State I.D.: 30825

1987

1986

1987

Comments

[illegible]

Comments

1987

1986

	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
CLOSURE ACTIONS																									
Closure plan rec'd.																									
State review																									
EPA review																									
Public notice																									
Approve/disapprove																									
*POST-CLOSURE ACTIONS																									
Application rec'd.																									
NOD (+ letter/order)																									
Complete																									
Permit drafted																									
EPA comments																									
Public notice																									
Public hearing																									
Final determination																									
ADDITIONAL																									
Inspection by EPA																									
G-W Task Force																									
Expanded Public																									
Participation Designation																									
Review/revise FMP																									

Closure Plan received
11/7/84.

Public notice published
1/28/85

Closure plan approved
1/17/85 (no modification:
from public comment)
Certification received
9/24/85.

FMP revised May, 1987

DATA ENTRY Form

E.P.A. IDENTIFICATION

TX 0048924989

DATE

PREPARED

2/13/87

PRINT PLEASE PRINT PLEASE PRINT PLEASE

COMPANY NAME

CITY

STATE ZIP CODE

MAILING ADDRESS

COMPANY CONTACT PERSON

TELEPHONE NUMBER

CITY

STATE ZIP CODE

LOCATION ADDRESS

OWNERSHIP CODE

OWNERS NAME

FACILITY STATUS

OTM OTHER CODE-

B7B 300

QEM TAN T30 UIC

C.303-9

ADD WASTE CODES

DELETE WASTE CODES

ADD PROCESS CODES

DELETE PROCESS CODES

OTHER CODING

ENTERED BY

DATE

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Phelps Dodge Copper Products Company

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

TAC

G	T	X	D	0	4	8	9	2	4	9	8	9	1
1	2										13	14	15

XVI. WASTE MINIMIZATION (narrative description)

Our hazardous waste facility impoundments were certified
as being closed on September 24, 1985. For details please
see attached explanation.



Tear out here



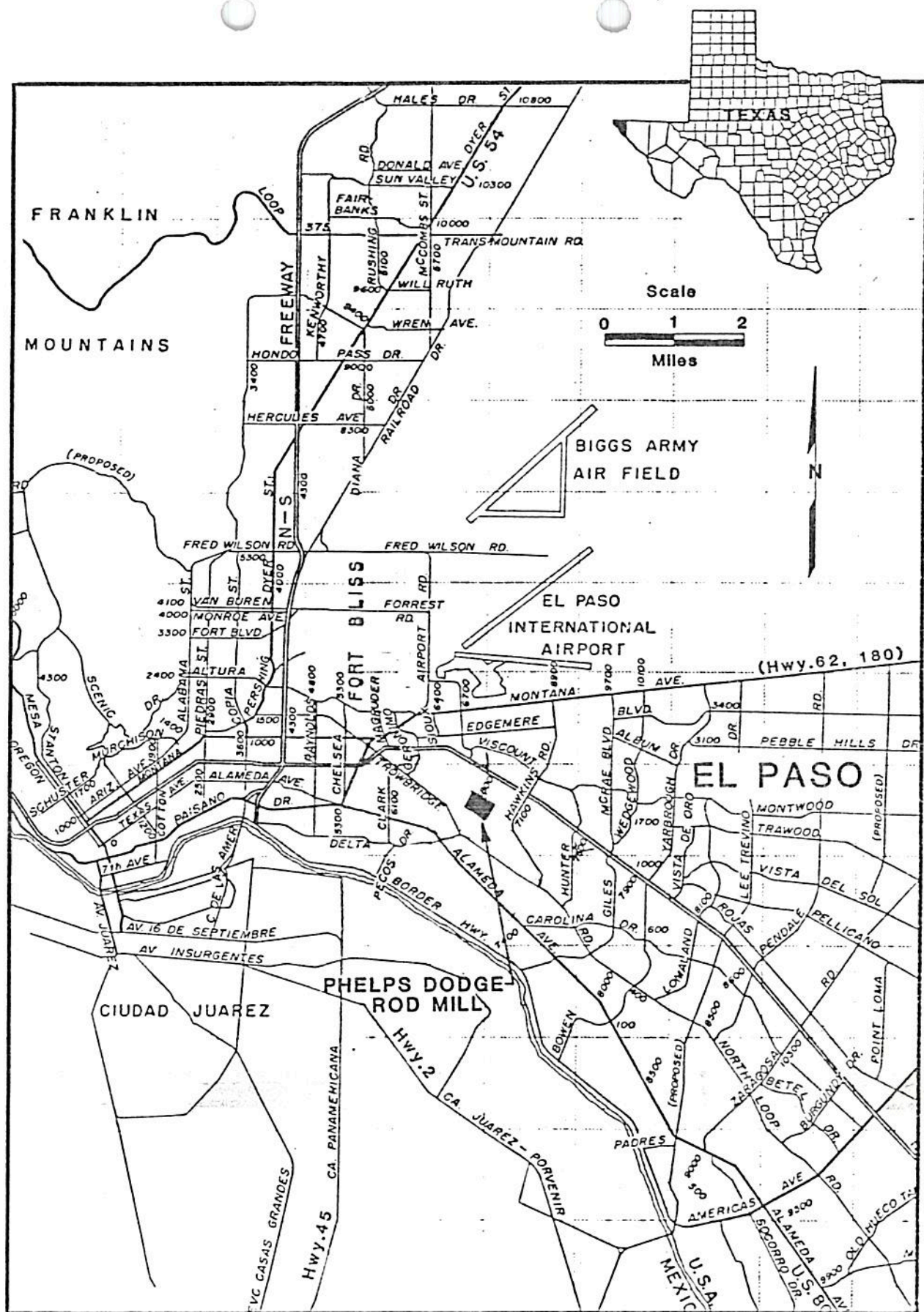
INTRODUCTION

The El Paso Rod Mill (Figure 1), operated by the Phelps Dodge Copper Products Company (PDCP), is classified by the Texas Department of Water Resources (TDWR) as a generator, storer, treater, and disposer of hazardous industrial solid waste (Reg. No. 30825). Included as part of PDCP waste management facilities are two surface impoundments (Figure 2).

The following hazardous waste streams were discharged to the ponds while they were in hazardous service:

<u>Wastestream</u>	<u>Class</u>	<u>TDWR Code</u>	<u>EPA Code</u>
Spent acidic metal treatment solution	I	100100	D002
Water with soluble oil	I	109810	--
Alkaline wax solution	I	110610	--
Hydraulic oil	II	210480	--

The PDCP mill began operations in 1969. It produces copper wire and rod from copper which is refined mainly by the adjacent Phelps Dodge Copper Refinery. From January, 1969 until mid-1981, wastes from the mill were discharged into an on-site, unlined, 100' x 200' x 4' evaporation pond (Figure 2). In 1981, at the request of the TDWR, the unlined evaporation pond was physically closed, and the current ponds were constructed on the same spot. Prior to construction of the new ponds, the site was cleaned up, but a formal closure plan was never developed. The new ponds have clay underliners, leachate collection systems, and synthetic overlayers (36 mil CPE). Each pond is about 136' x 100' x 9', and has a total capacity of about 919,000 gallons, or 694,000 gallons



2

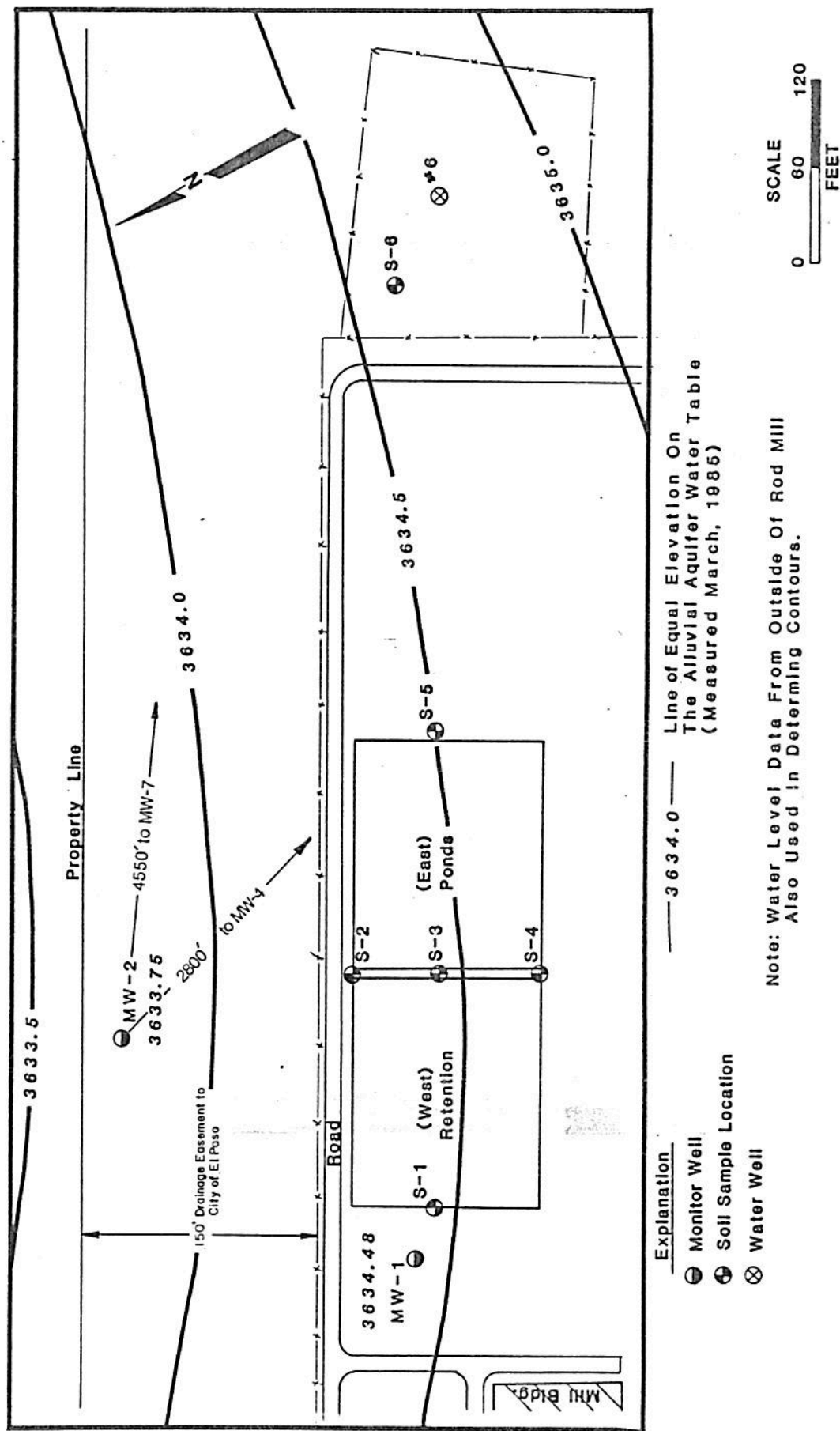


Figure 2. Phelps Dodge Rod Mill Data Location Map And Elevations On The Alluvial Aquifer Water Table.

URM
with 2 feet of freeboard.

In mid-1981, wastewater was directed into the new lined pond for storage until construction in 1982 of a wastewater treatment plant, designed to render effluent to the pond nonhazardous. This plant became fully operational in early 1983, and was used to reclaim the fluids stored in the lined ponds since their construction. In the treatment process, copper is stripped from the fluids prior to discharge to the pond and caustic is added to maintain a pH of 6 to 8. Oil discharged to the pond is periodically skimmed off and recycled or sold for salvage. Current total discharge to the ponds is about 400,000 gallons per month, of which about 25 gallons are hydraulic and lubrication oils. Occasionally, the pond pH was allowed to drop below 2 to facilitate breaking an oil-water emulsion discharged to the ponds. Caustic was then added to bring the pH up to the 4 to 7 range. The practice of allowing hazardous (<2) pH water in the ponds was ceased in May, 1985.

PDCP is closing the ponds as hazardous waste facilities, but plan to continue to use them for non-hazardous fluid storage and recycling. Closure as a hazardous waste facility is being done according to the provisions of TAC 335.286. To affect closure pursuant to TAC 335.286, an investigation has been conducted to demonstrate that the pond contents are no longer a hazardous waste, thereby meeting the removal requirements of TAC 335.286, and that migration of hazardous waste constituents to the underlying soils and groundwater system has not occurred.

The east pond is now being used as a storage reservoir for treated wastewater. From the east pond, this water is piped to the adjacent Phelps Dodge Refinery and used to irrigate oats and alfalfa. The west pond is now being used as a fresh process water reservoir.



This closure is also in accordance with a Compliance Agreement between PDCP and the TDWR, effective September 12, 1984. This agreement requires the submission of a Closure Plan and a Groundwater Quality Assessment Plan (GWQAP) for the impoundments. The GWQAP was incorporated into the implementation of the Closure Plan as part of the demonstration that the impoundment contents are no longer hazardous and that hazardous constituents have not migrated into underlying soils and groundwater.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

December 18, 2001

PHELPS DODGE EL PASO OPERATIONS
P O BOX 20001
EL PASO, TX 79998
ATTN: MARTHA MOTTLEY, ENV ENGINEER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

PHELPS DODGE EL PASO OPERATIONS
897 HAWKINS BLVD
EL PASO, TX 79915

Your EPA Identification Number for this installation is:
TXD048924989

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

A handwritten signature in black ink, appearing to read "Matt Faultry".

Charles Faultry, Chief
RCRA Information Management Section



November 28, 2001

Texas Natural Resource Conservation Commission
MC129
PO Box 13087
Austin, TX 78711-3087

Dear Sir or Madam:

The purpose of this letter is to consolidate the EPA and TNRCC ID numbers for the two facilities referenced below. Both facilities are owned by the Phelps Dodge Corporation through different divisions, and are adjacent to each other without any physical boundaries or public roads between them.

We have two EPA and two TNRCC ID numbers because in the past each facility was managed independently of the other. Recently Phelps Dodge underwent a company wide re-organization, and now both facilities are operating under one management department, one accounting department, one environmental department, one safety department, etc., referred to as Phelps Dodge El Paso Operations.

We would like to manage our El Paso Operations under one EPA and one TNRCC ID numbers. These are the ID numbers we currently have:

Facility	Address	EPA ID	TNRCC ID
Phelps Dodge Copper Products Co.	897 Hawkins Blvd. El Paso, TX 79915	TXD048924989	30825
Phelps Dodge Refining Corp.	6999 North Loop Dr. El Paso, TX 79915	TXD007397144	30104

In accordance with this request, please deactivate the ID numbers (i.e., TXD007397144 and 30104) for the 6999 North Loop Dr. address. Also, enclosed is a revised EPA Form 8700-12 (Notification of Regulated Waste Activity) for the EPA ID number (i.e., TXD048924989) associated with the 897 Hawkins Blvd. address, which will serve as the EPA ID number for the entire site. The TNRCC ID for the 897 Hawkins Blvd. address (i.e., 30825) will serve as the state ID number for the entire site.

Please call me with any questions regarding this request or the enclosed revised EPA Form 8700-12.

Sincerely,

Martha G. Mottley
Martha G. Mottley
Environmental Engineer

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Registration and Reporting Section

Date Received
(For Official Use Only)

DEC 10 2001

INFORMATION

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

T X D 0 4 8 9 2 4 9 8 9

II. Name of Installation (Include company and specific site name)

P H E L P S D O D G E E L P A S O O P E R A T I O N S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8 9 7 H A W K I N S B L V D .

Street (Continued)

City or Town

E L P A S O

State

Zip Code

T X

7 9 9 1 5 -

County Code

County Name

1 4 1 E L P A S O

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 2 0 0 0 1

City or Town

E L P A S O

State

Zip Code

T X

7 9 9 9 8 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M O T T L E Y

(First)

M A R T H A

Job Title

E N V . E N G I N E E R

Phone Number (Area Code and Number)

9 1 5 - 7 7 5 - 8 8 1 5

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☐
☒

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

P H E L P S D O D G E R E F I N I N G C O R P .

Street, P.O. Box, or Route Number

P O B O X 2 0 0 0 1

City or Town

E L P A S O

State

Zip Code

T X

7 9 9 9 8 -

Phone Number (Area Code and Number)

9 1 5 - 7 7 8 - 9 8 8 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

fb
12/1/01
12-12-01
85

Received

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

NOV 30 2001

ID - For Official Use Only

Registration and Reporting Section

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 4 D 0 0 7 D 0 0 8 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D 0 1 0	2 D 0 1 1	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Martha G. Mottley

Name and Official Title (Type or print)

MARTHA G. MOTTLEY, ENV. ENGINEER.

Date Signed

11/28/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Part A, Permit Process --- Internal Checklist

ID Number TXD007397144

Inst Name Phelps Dodge Refining Corp

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MM</u>	___	
3	Form 1 received?	<u>MM</u>	___	
1	Form 3 received?	<u>MM</u>	___	
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>	___	
3	Date of operation entered?	<u>MM</u>	___	
3	Date of operation on or before November 19, 1980?	<u>MM</u>	___	
Notif. record	Notifier?	<u>M.M</u>	___	
"	Notified on or before August 18, 1980?	<u>MM</u>	___	
1	Form 1, XIII B signed?	<u>MM</u>	___	
3	Form 3, IX B Signed?	<u>MM</u>	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 12/18/80)

PHASE TWO

1	Unsure if regulated or non-regulated?	<u>GT</u>	___
3	New facility?	___	<u>GT</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
-------	--

Log out/Log in
on reverse side.

Received Date Stamp
<u>80/11/19</u>
(Stamp forms also)

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
AG22	KP	9/1
	Dooley	11/1/81
Part A	Harriet DF	4-22-82

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD
5023-101

GPO 43-16-80979-1 386-299

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

TXD007397144

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

TXD007397144

III. FACILITY NAME

PHELPS DODGE REFINING CORP

V. FACILITY MAILING ADDRESS

PO BOX 20001

EL PASO

TX 79998

VI. FACILITY LOCATION

N LOOP RD

EL PASO

TX 79998

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED			SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X		

III. NAME OF FACILITY

1 PHELPS DODGE REFINING CORP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 STEPHENS BOBBY ENGR

915 778 9881

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 20001

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 EL PASO

TX

79998

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 N. LOOP RD

B. COUNTY NAME

EL PASO

C. CITY OR TOWN

D. STATE

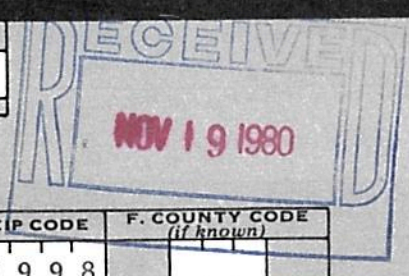
E. ZIP CODE

F. COUNTY CODE (if known)

6 EL PASO

TX

79998



VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	3	3	3	1	(specify)					C	7	(specify)						
15	16	17	18	19						15	16	17	18	19					
C. THIRD										D. FOURTH									
C	7	(specify)								C	7	(specify)							
15	16	17	18	19						15	16	17	18	19					

VIII. OPERATOR INFORMATION

A. NAME																																																												B. Is the name listed in Item VIII-A also the owner?																			
C	8	B	.	H	.	S	.	P	.	O	.	O	.	N																																															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70																								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																												D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE																														M = PUBLIC (other than federal or state) O = OTHER (specify)																														P (specify)										A 9 1 5 7 7 8 9 8 8 1									

E. STREET OR P.O. BOX																																																																					
P O B O X 2 0 0 0 1																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B E L P A S O																																								T X										7 9 9 9 8										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
9 N																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
9 U																														(specify)																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
9 R																														(specify)																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Electrolytic Refining of Copper

F9: A/S

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
M. S. Bell, President																																								M S Bell																				11/17/80																			

COMMENTS FOR OFFICIAL USE ONLY

C																																																												
C																																																												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70					

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			S	F	T	X	D	0	0	7	3	9	7	1	4	4	3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	80/1/19	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A		C													
C												1															
13 14 15																											
B. PROCESS DESIGN CAPACITY												FOR OFFICIAL USE ONLY		B. PROCESS DESIGN CAPACITY												FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)												2. UNIT OF MEASURE (enter code)		1. AMOUNT												2. UNIT OF MEASURE (enter code)	
X-1 S 0 2 600												G		5													
X-2 T 0 3 20												E		6													
1 S 0 4 3,000,000.000												G		7													
2 S 0 4 2,500,000.000												G		8													
3														9													
4														10													

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																																					
<table border="1"> <tr> <td>S</td> <td>T</td> <td>X</td> <td>D</td> <td>0</td> <td>0</td> <td>7</td> <td>3</td> <td>9</td> <td>7</td> <td>1</td> <td>4</td> <td>4</td> <td>3</td> <td>1</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> </tr> </table>													S	T	X	D	0	0	7	3	9	7	1	4	4	3	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	<table border="1"> <tr> <td>S</td> <td colspan="10">DUP</td> <td>T/A</td> <td>C</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> </tr> </table>												S	DUP										T/A	C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
S	T	X	D	0	0	7	3	9	7	1	4	4	3	1																																																																				
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S	DUP										T/A	C																																																																						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																																																																				
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																																																		
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																																																																														
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																																		
1	D 0 0 4	1725.000 3,450,000	L	S	0	4																																																																												
2	D 0 0 4																								Included with Above																																																									
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

0.8885.2

EPA I.D. NO. (enter from page 1)

S	T	X	D	0	0	7	3	9	7	1	4	4	3	6
1	2												13	14 15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6. 1/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6. 1/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	1	4	5	4	6	N
65	66	67	68	69	70	71

1	0	6	2	3	1	8	N
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C E	PHELPS DODGE REFINING CORPORATION										2 1 2 - 9 4 0 - 6 4 0 0														
13 16											55 56 - 58	59 - 61	62 - 65												
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
C F	300 PARK AVENUE										C G	NEW YORK										N Y		1 0 0 2 2	
13 16											45 48 15 16											40 41 42	47 - 51		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. S. Bell

B. SIGNATURE

M. S. Bell

C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. H. Spoon

B. SIGNATURE

B. H. Spoon

C. DATE SIGNED

11-12-80



300 Park Avenue, New York, NY 10022 • (212) 940-6547

M. S. Bell
President

November 19, 1980

TxD007397144

Environmental Protection Agency - Region VI
Attention: GAEG
First International Building
1201 Elm Street
Dallas, Texas 75270

Gentlemen:

It is unclear to us whether we are now subject to the requirements under the Resource Conservation and Recovery Act which provides that handlers of hazardous waste must apply for a permit by November 19, 1980.

As a precaution, and in order to comply with any regulations under this Act that may be applicable, we are enclosing an application form for a permit for our El Paso Works.

Very truly yours,

M. S. Bell
M. S. Bell

MSB:gt
Enc.






0821 2 / VOM



MILE

ROAD CLASSIFICATION

Heavy-duty _____ Light-duty _____
 Medium-duty _____ Unimproved dirt _____
 Interstate Route  U.S. Route  State Route 



QUADRANGLE LOCATION

EL PASO, TEX.

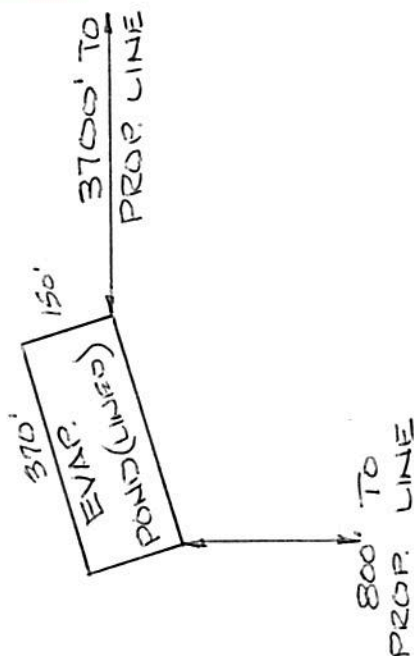
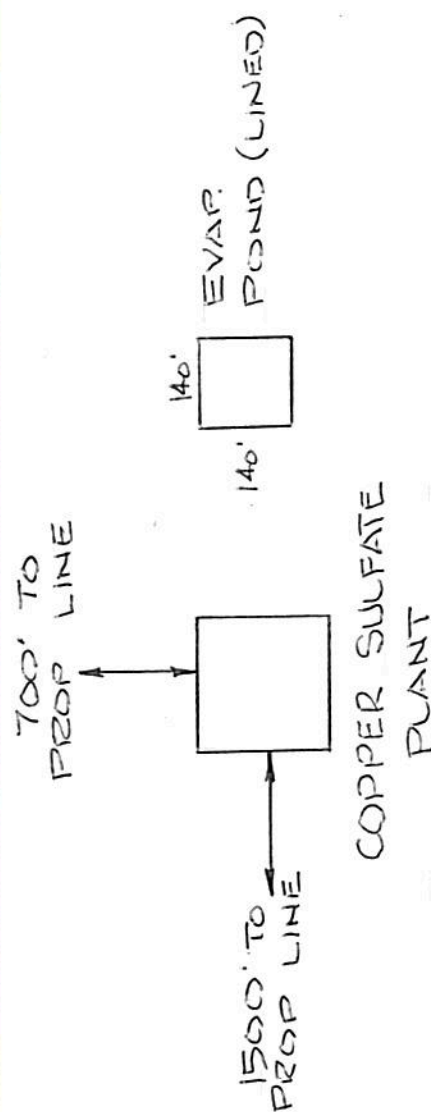
N3145-W10622.5/7.5

1955

PHOTOREVISED 1967 AND 1973
 U.S. GEOLOGICAL SURVEY

Sheet A

V. FACILITY DRAWING (see page 4)



PLANT ENTRANCE



SCALE: 1" = 300'

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

TXD007397144

I. NAME OF INSTALLATION

PHELPS DODGE REFINING CORP

II. INSTALLATION MAILING ADDRESS

PO BOX 20001

EL PASO

TX 79998

III. LOCATION OF INSTALLATION

N LOOP RD

EL PASO

TX 79998

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER													APPROVED		DATE RECEIVED (yr., mo., & day)		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
F	T	X	D	0	0	7	3	9	7	1	4	4	3	1		8	0

002310

I. NAME OF INSTALLATION

PHELPS DODGE REFINING CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO Box 20001

CITY OR TOWN

4 EL PASO

ST.

ZIP CODE

TX 79998

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 No Loop Rd

CITY OR TOWN

6 EL PASO

ST.

ZIP CODE

TX 79998

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 STEPHENS BOBBY ENGR

PHONE NO. (area code & no.)

915-776-9881

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 PHELPS DODGE CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

TXD007397144

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
D004	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)

☒ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Bobby E. Stephens

NAME & OFFICIAL TITLE (type or print)

BOBBY E. STEPHENS ENGR

DATE SIGNED

9-18-80

LOSS OF INTERIM STATUS
REGION VI EPA
R05-01-06

1. Reviewer: IGS
2. Facility name: FUELOS DODGE REFINING CORPORATION
3. Address/location: PO Box 20001
EL PASO, TX. 79998
4. EPA I.D. No.: TXD007397144
5. Type of RCRA units requiring certification:
- | | |
|---------------------------|----------|
| A. <u>*SI - BVDOND</u> | H. _____ |
| B. <u>*SI - LARGE BVD</u> | I. _____ |
| C. _____ | J. _____ |
| D. _____ | K. _____ |
| E. _____ | L. _____ |
| F. _____ | M. _____ |
| G. _____ | N. _____ |

* SEE 22.

Yes No Not
Determined

6. Is groundwater certification required? If yes, continue to Question 7. If no, go to Question 22.
7. Is financial assurance certification required? If yes, continue to Question 8. If no, go to Question 22.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | Not
Determined |
|---|-------------------------------------|--------------------------|--------------------------|
| 8. Was groundwater certification submitted? If yes, continue to Question 9. If no, answer Questions 9, 10, 11, and 12, and go to Question 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was financial assurance certification submitted? If yes, continue to Question 10. If no, answer Questions 10, 11, and 12 and go to Question 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is signature adequate? If yes, continue to Question 11. If no, answer Questions 11 and 12 and go to Question 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Documentation available? | | | |
| a. Part A Submittal - Date: <u>11/12/30</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Part B Submittal - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Topographic Map - | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Section 3007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response - Date: <u>11-8-85</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Closure Plan - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Post-Closure Plan- Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. RCRA Inspection - Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other - | | | |
| i. <u>Certification</u> Date: <u>11-7-85</u> | | | |
| ii. _____ Date: _____ | | | |
| iii. _____ Date: _____ | | | |
| iv. _____ Date: _____ | | | |
| v. _____ Date: _____ | | | |
| | <u>Received</u> | | |
| | <u>11-8-85</u> | | |
| 12. Do all documents listed in Question 11 agree with the information shown in Question 5? If yes, continue to Question 13. If no, go to Question 22 and check with Project Manager before continuing with questionnaire. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does groundwater certification properly address all units listed in Question 5? If yes, continue to Question 14. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No	Not Determined
14. Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply.	<u>Closure Cost</u>	<u>Insurance Part B</u>	<u>Available</u>
a. Closure trust fund:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surety bond guaranteeing payment into a closure trust fund:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surety bond guaranteeing performance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Closure letter of credit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Closure insurance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial test/corporate guarantee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Multiple financial mechanisms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Which of the following options were used to demonstrate financial assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply.	<u>POST CLOSURE Cost</u>	<u>Insurance Part B</u>	<u>Available</u>

- | | Yes | No | Not Determined |
|--|--------------------------|--------------------------|--------------------------|
| a. Post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surety bond guaranteeing payment into a post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surety bond guaranteeing performance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Post-closure letter of credit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Insurance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Financial test/corporate guarantee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Multiple financial mechanisms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is certification considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is financial assurance considered complete? If no, explain in Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If the answer to Questions 8, 9, 18, or 19 is no, was a closure plan submitted? If yes, continue to Question 21. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If the answer to Questions 8, 9, 18, or 19 is no, was a post-closure plan submitted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Briefly discuss the problems or discrepancies identified and determine if they are of a nature which prevents further review. | | | |

3) GENERATE ONLY MINING WASTE (FOR TAIL 12/11/85 LATER)
 AND THEN WAS RECOMMENDED THAT I FILE AN AFFIDAVIT OF
 EXCLUSION TO WITHDRAW THEIR PART A (MINING WASTE
 EXCLUSION) 40 CFR 211.46(b)(7)). THE WORKING TO WITHDRAW
 THEIR PART B APPLICATIONS SHOULD START AT THE
 BEGINNING OF EXCLUSION.

Table 111-4 Hazardous Waste Facility Components List

Facility Component		Status			Design Capacity			Number of Years Utilized		Date in Service
Name	TDR Seq. No.	Inactive	Active	Proposed	(cu yds)	(gal)	(lbs)			
<u>B. V. Solar Evaporator</u>			<u>X</u>			<u>500,000</u>		<u>8</u>		<u>1972</u>
Verbal Description:		<u>Lined Pond - Volume reduction by evaporation</u>								
<u>Large Solar Evaporator</u>			<u>X</u>			<u>2,500,000</u>		<u>1</u>		<u>1979</u>
Verbal Description:		<u>Lined Pond - Volume reduction by evaporation</u>								
Verbal Description:										
Verbal Description:										
Verbal Description:										
Verbal Description:										
Verbal Description:										



1

2

3

4

5

6

7

8